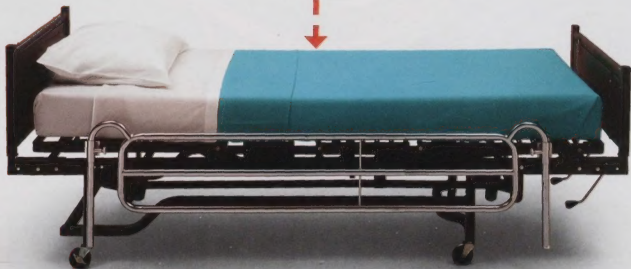


THE HEALTH ISSUE

TIME

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The first step toward containing health-care costs is to avoid getting sick. Here's what it takes



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To Our Readers

The Rx for Good Health.

Prevention is the new watchword, and our annual health issue looks at how to avoid illness rather than just treat it

IT COSTS A LOT MORE TO FIX SOMETHING that's broken than it does to prevent it from breaking down in the first place. Our ailing health-care system is long past the point at which we can stop it from breaking down, and it will cost hundreds of billions of dollars to fix. But I trust it's different for most of us. When it comes to individual health care, the model these days is not treating illness but preventing it. The prescription is prevention. Three-quarters of our health-care costs are attributable to chronic, preventable diseases. The way to avoid them (as well as expensive treatments) is to eat well, exercise, get checkups, vaccinate your kids and mind your mental state. That will help you—and help the health-care system as a whole.

TIME's annual health issue takes a close look at the prevention philosophy at work—and we focus on the Cleveland Clinic. Its prevention strategy, as staff writer Alice Park explains, is not just for the patients but for its employees as well. The 40,000 people who work at the clinic and its 10 affiliated hospitals are offered diet and cooking classes, exercise instruction and smoking cessation programs, all free of charge. This results not only in healthier employees but also in lower health-care costs and fewer days lost to sickness. What works for the Cleveland Clinic could and should be a model for other hospitals as well as for other companies and the entire nation.

Elsewhere in the issue, Kate Pickert reports on the growing trend of seeing your health-care provider where you do your shopping. Supermarkets, pharmacies and even big-box stores like Wal-Mart are including freestanding clinics where you can drop in without an appointment to get a sore throat checked or a child's earache treated—all for as little as \$60 a visit. Making health-care cheap, easy and available like this prevents small problems from getting big. Be sure to also read John Cloud's story about how we can head off psychological problems by treating them at the first sign of distress. We tend to think of psychiatric problems as either being genetic or occurring for un-



Wellness workout Cleveland Clinic employees and patients do yoga on the roof

known reasons, but Cloud's story shows that even illnesses like schizophrenia that have genetic origins can be stopped or contained before they start. The health package was ably edited by Jeffrey Kluger and Sora Song and designed by Cindy Hoffman and Patricia Hwang.

This is a double issue, and there's much more in addition to our health coverage. Shanghai correspondent Bill Powell takes you into the disturbing logic of Kim Jong Il and why the possible succession of his young son is shaping North Korean politics. London bureau chief Catherine Mayer dissects the rebellion against Gordon Brown and the future of the Labour Party. Contributor David Van Biema takes an in-depth look at the Mormon Church, the fourth largest in America, and its current high-profile involvement in politics, while our business columnist Justin Fox explains why financial markets don't necessarily know best, a piece based on his new book, *The Myth of the Rational Market*.

Pick

Richard Stengel, MANAGING EDITOR



Tackling the problem Recent health-related cover stories run the gamut from neuroscience and vaccine safety to solving the health-insurance crisis



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10 Questions.

The best-selling author's latest, *Finger Lickin' Fifteen*, is out June 23. **Janet Evanovich will now take your questions**

This is the 15th novel in the Stephanie Plum series. Have you ever felt that the quality of your stories was declining?

Dodie Stephens, OCALA, FLA.
I don't feel that the quality of the stories is declining. I think that some books are more successful than others to certain readers. People who read my books for the humor, they're going to love one book. People who read my books for the mystery, they might not like that book quite as much.

There is so much talk about a Stephanie Plum movie. Do you have an explanation of why it has taken so many years and if it will ever be made?

Kimberly Johnson, FAIRFAX, VA.
My fans would love to see a movie, and I would love to see a movie. It just hasn't worked out so far. I think they love the characters, for one thing. Everybody wants to see what these two hot guys look like, Ranger and Joe Morelli.

Is it sinful to lust after a fictional character?

Margaret Smith FOLSOM, CALIF.
Not in my world. If you want to lust after my characters, hey, I'm all in favor of it.

What made you want to write, and how did you get started?

Linda Olsen ROSWELL, N.M.
I wasn't always a writer. When I went to college and majored in fine arts, I was a painter. Then I was a stay-at-home mom. Somewhere along the line, I realized that I liked telling stories, and I decided that I would try writing. Ten years later, I finally got a book published. It was hard. I had



no skills. I knew nothing about the business of getting published. So I had to keep working at it.

Do you have a set routine you follow daily in writing books?

Mary Gehin BELLEVILLE, WIS.
I'm at my computer at 5:30 to 6 o'clock, and I spend a full day at that. Then around 1 o'clock, I have lunch. I get a little exercise. Then in the afternoon, I'm a businessperson. I think of myself as a professional. I get up in the morning and I go to work just like anybody else.

Have you ever felt inclined to use your success to bring awareness to a certain issue?

Tash Nordstrand AUCKLAND

I think it's appropriate for some authors. I don't think it's appropriate for me. I look at myself as an entertainer. You know my books are going to end well, you know you're going to love some of these people, you know I'm never going to kill a cat—and you can count on the fact that I'm not going to put my political agenda in your face. That just is not what I do.

Why do you let readers title your books? That sort of seems like letting strangers name your children.

Walden Hemming, INDIANAPOLIS
Yeah, like wearing somebody else's underpants—not quite comfortable. I actually really suck at naming books, so lots of years ago, readers were send-

ing in their ideas for titles, and what we realized is that they were smarter than us. So we thought, Hey, go for it. So now we have a contest every year.

Will the Kindle and other e-book readers help or hurt the book industry?

Taylor Zaborney MIDDLETOWN, N.J.
I think that the e-book is here to stay. I think it's fabulous. Can you imagine kids? No more backpacks full of heavy books. But what happens when I go on book tour if all we have are e-books? What do I sign? Body parts?

Are you planning on ending the series anytime soon?

Tracy Simpson NIAGARA FALLS, N.Y.
No. You know, I wake up some days and think Stephanie should go off into the sunset with Joe Morelli and have babies, and then I wake up the next day, and I'm like, Oh, no, she's gotta go with Ranger. I don't see myself ending it anytime soon, just because I'm having a lot of fun with it.

If you could do anything else with your life, what would it be?

Jennifer Frieouf BRAMAN, OKLA.
I'd be a bar singer. And I'd wear a really low-cut red sequined dress. Maybe I'd want to sit on a piano. I'm stopped by the fact that I can't sing, but, you know, aside from that.



VIDEO AT TIME.COM
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Postcard: Tojinbo Cliffs. As recession drives more Japanese to despair, a suicide mecca's self-appointed guardian steps up his watch. **Keeping the desperate from going over the edge**

BY COCO MASTERS


Global Dispatch
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THEY COME ON SUNNY DAYS, WHEN the sky is bright and clear above the Tojinbo cliffs along the coast of the Sea of Japan. Yukio Shige says they don't look at the view. "They don't carry a camera or souvenir gifts," he says. "They don't have anything. They hang their heads and stare at the ground."

For five years, Shige, 65, has approached such people at the cliffs' edge with a simple "Hello" and a smile. He might ask how they came there and at what inn they were staying. Sometimes after a light touch to the shoulder, Shige says, they burst into tears, and he begins to console them. "You've had a hard time up until now," he says, "haven't you?"

The basalt cliffs in Fukui prefecture, north of Kyoto on the western coast of Japan, are a well-known site for suicide in a country with one of the highest suicide rates in the world; at 23.8 per 100,000, Japan's rate is significantly higher than that of the U.S., for example, where the rate is 11 per 100,000. One in 5 Japanese men and women has seriously considered taking his or her life, according to a recent government survey; each year over the past decade, more than 30,000 people have killed themselves. And as the economic downturn has pushed rates of unemployment and bankruptcy higher, the number of suicides has risen. From January through April, 11,236 people killed themselves, up 4.5% from the same period in 2008. "I think there will be many more suicides this year," says Shige.

The retired detective from nearby Fukui City has patrolled the cliffs two or three times a day since 2004, wearing white gloves and a floppy sun hat, carrying binoculars to focus on three spots on the cliffs where suicides are most common. He has set up a nonprofit foundation to aid the work and says he has helped prevent 188 potential suicides. After he's talked



Helping the hopeless Shige says he's talked more than 180 people down from the cliffs

them off the cliffs, Shige—a trained counselor—takes them to his small office, where two gas heaters keep a kettle boiling, ready to make the tea that accompanies his counseling sessions. For men, Shige says, the biggest problems are debt and unemployment; most of the women are there because of depression or health issues. "If it's a case of sexual harassment, I'll go with her to the office and confront her boss," says Shige.

"If a child has issues with his father, I tell the parent that he is driving his child to suicide and get them to write a promise to change. They hang it on the wall."

There's no rush in Shige's office. He offers those who go there *oroshi-mochi*, a dish of pounded sticky rice served with grated radish. Traditionally the food is prepared to celebrate the New Year, with each family taking its own rice to be mixed with that of its neighbors. "When people come here and eat *mochi*, they remember their childhood—father, mother, siblings, hometown. They remember they're not alone," Shige says.

So far, Shige has funded his operation, including office rent of \$800 a month and occasional support for those trying to get back on their feet, with his retirement savings and donations. But in April, the Japanese government committed to supporting Shige's and similar efforts with about 10 billion yen (\$100 million) over the next three years. "It's taken five years to get the support," says Shige. "But we also need the kind of policies that keep people from becoming depressed in the first place"—particularly by bolstering the safety net for people with mental disorders and those who have hit hard times.

In April, on the fifth anniversary of starting his operation, Shige sat reading a three-page, handwritten letter he had received that day from a Shizuoka man, one of many he gets from those he has helped. The letter concluded by thanking Shige for providing the man with an awareness of the love that surrounded him. As Shige finished reading, the melody of "Amazing Grace" rose from his cell phone. "I want Tojinbo to be the most challenging place," he says. "Not where life ends, but where it begins."





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Inbox



Judge and Jury

RE TIME'S COVER PACKAGE ON SONIA SOTOMAYOR [June 8]: I fully agree with Sotomayor's 2001 statement that she "would hope that a wise Latina woman with the richness of her experiences would more often than not reach a better conclusion than a white male who hasn't lived that life." It is entirely possible for two jurists to arrive at an identical conclusion in a case, yet if one of them has considered more options and deliberated more over the issues, that jurist will have made the "wiser, more informed" decision. Sotomayor's background will automatically strengthen her consideration of legal issues—something that will escape some other jurist who has not had the experience of being a minority.

Kerman Bharucha, WEBSTER, N.Y.

I'M AMAZED BY THE DOUBLE STANDARD being used for Sotomayor. George W. Bush suspends constitutional rights to catch terrorists and is labeled evil and un-American. Sotomayor suspends constitutional rights to catch sex offenders and is said to be "empathetic" to the problems of police officers. Is it acceptable or unacceptable to ignore constitutional rights?

Bryan Smith, TUCSON, ARIZ.

RE CHRISTOPHER CALDWELL'S "THE LIMITS OF Empathy": Claiming that Sotomayor "ignored a host of pressing constitutional issues" when deciding against the plain-

tiffs in the New Haven, Conn., case is a gross misrepresentation of reality. In fact, the judges went along with current, established constitutional law intended to prevent discriminatory criteria. An appeals court should not overturn Supreme Court rulings lightly. It would have been judicial activism to ignore precedent and decide in the plaintiffs' favor.

Cindy Wong, AUSTIN, TEXAS

Chasing the European Model

IN "NEW LESSONS FROM THE OLD WORLD," one critical lesson on health care was omitted [June 8]. Europe does not have for-profit health insurance. The U.S. will never truly reform health care as long as we treat it as a commodity. Here, as they do in the European Union, we should recognize health care as a basic human right.

Warren Swanson, REDDING, CALIF.

Thank Heaven for Gates

THANKS FOR JOE KLEIN'S "GATES UNBOUND," on Secretary Robert Gates [June 8]. Finally, someone who is putting the troops first.

Jack Quartaroli, SACRAMENTO, CALIF.

GATES IS A PRAGMATIC PROFESSIONAL. Al-Qaeda had already committed four separate acts of war against the U.S. before George W. Bush was sworn in. The ideology-based policy of that incoming Administration downgraded the project to "get bin Laden," so FBI information about

CAN YOU HEAR ME NOW?

CHRISTOPHER CALDWELL'S "VIEWPOINT" on Judge Sonia Sotomayor and affirmative action reflected a lack of insight [June 8]. I was the only Latina in my medical school class and had no other college graduate in my family. My feeling of being alien, that others had upbringings that better prepared them for their future, helped create a special sort of empathy in me. Having graduated a few weeks ago, I understand, in a way Caldwell will never be able to, that the stories of President Obama, Sotomayor and myself are possible only because of the propping up of affirmative-action laws by empathetic judges. Such policies ensure that any American, regardless of social status or race, is able to achieve the American Dream.

Yadira Caraveo, DENVER

suspicious flying lessons stayed in the field until after 9/11. If counterterrorism adviser Richard Clarke had had such intel when it was fresh, there might have been time to figure out the plot and forestall the attacks. Novelist Tom Clancy, after all, published the idea in 1994. Unlike the rest of the Bush Administration, Gates—the best Secretary of Defense since George C. Marshall, if not ever—has kept us safe since being sworn in.

David P. Vernon, TUCSON, ARIZ.

Mr. Hilton Should Regret

TIME COULD HAVE FOUND SOMEONE MORE deserving of magazine space than Perez Hilton [June 8]. Hilton makes his living humiliating people for entertainment. On top of that, he intentionally used his position as a judge at a beauty contest to sabotage a contestant's shot at the crown because she had the nerve to have her own opinion and, even worse, share it.

David Avanzino, FULLERTON, CALIF.

'Apparently Perez Hilton loses sight of the very tolerance he advocates when it doesn't suit his agenda.'

Michael Kissel

HUNTINGTON BEACH, CALIF.

Gossip boy The celebrity blogger who fielded 10 Questions irked some readers



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In patients with high blood pressure, the most common side effects were tiredness, dizziness, depression, diarrhea, itching or rash, shortness of breath, and slow heart rate. If you experience any of these or other side effects, contact your doctor.

Please see adjacent page for a brief summary of the full Prescribing Information, including boxed WARNING regarding abrupt cessation of therapy.

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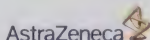
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INDICATIONS AND USAGE Hypertension TOPROL-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS TOPROL-XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place), and in patients who are hypersensitive to any component of this product.

WARNINGS Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and, in some cases, myocardial infarction have occurred. When discontinuing chronically administered TOPROL-XL, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1–2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, TOPROL-XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue TOPROL-XL therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA-BLOCKERS. Because of its relative beta₁-selectivity, however, TOPROL-XL may be used with caution in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment. Since beta₁-selectivity is not absolute, a beta-stimulating agent should be administered concomitantly, and the lowest possible dose of TOPROL-XL should be used (see **DOSE AND ADMINISTRATION**). **Phaeochromocytoma:** If TOPROL-XL is used in the setting of phaeochromocytoma, it should be given in combination with an alpha blocker, and only after the alpha blocker has been initiated. Administration of beta blockers alone in the setting of phaeochromocytoma has been associated with a paradoxical increase in blood pressure due to the attenuation of beta-mediated vasodilation in skeletal muscle. **Major Surgery:** The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial; the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. TOPROL-XL, like other beta-blockers, is a competitive inhibitor of beta-receptor agonists, and its effects can be reversed by administration of such agents, e.g., dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in restarting and maintaining the heart beat has also been reported with beta-blockers. **Diabetes and Hypoglycemia:** TOPROL-XL should be used with caution in diabetic patients if a beta-blocking agent is required. Beta-blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. **Thyrotoxicosis:** Beta-adrenergic blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-blockade, which might precipitate a thyroid storm. **Peripheral Vascular Disease:** Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. **Calcium Channel Blockers:** Because of significant inotropic and chronotropic effects in patients treated with beta-blockers and calcium channel blockers of the verapamil and diltiazem type, caution should be exercised in patients treated with these agents concomitantly.

PRECAUTIONS General: TOPROL-XL should be used with caution in patients with impaired hepatic function. In patients with phaeochromocytoma, an alpha-blocker agent should be initiated prior to the use of any beta-blocking agent (see **WARNINGS**). Worsening cardiac failure may occur during up-titration of TOPROL-XL. If such symptoms occur, diuresis should be increased and the dose of TOPROL-XL should not be advanced until clinical stability is restored (see **DOSE AND ADMINISTRATION**). It may be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of TOPROL-XL. **Information for Patients** Patients should be advised to take TOPROL-XL regularly and continuously, as directed, preferably with or immediately following meals. If a dose should be missed, the patient should take only the next scheduled dose (without doubling it). Patients should not interrupt or discontinue TOPROL-XL without consulting the physician. Patients should be advised (1) to avoid operating automobiles and machinery or engaging in other tasks requiring alertness until the patient's response to therapy with TOPROL-XL has been determined; (2) to contact the physician if any difficulty in breathing occurs; (3) to inform the physician or dentist before any type of surgery that he or she is taking TOPROL-XL. Heart failure patients should be advised to consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath. **Laboratory Tests** Clinical laboratory findings may include elevated levels of serum transaminase, alkaline phosphatase, and lactate dehydrogenase. **Drug Interactions** Catecholamine-depleting drugs (e.g., reserpine, monoamine oxidase (MAO) inhibitors) may have an additive effect when given with beta-blocking agents. Patients treated with TOPROL-XL plus a catecholamine depletor should therefore be closely observed for evidence of hypotension or marked bradycardia, which may produce vertigo, syncope, or postural hypotension. Drugs that inhibit CYP2D6 such as quinidine, fluoxetine, paroxetine, and propafenone are likely to increase metoprolol concentration. In healthy subjects with CYP2D6 extensive metabolizer phenotype, coadministration of quinidine 100 mg and immediate release metoprolol 200 mg tripled the concentration of S-metoprolol and doubled the metoprolol elimination half-life. In four patients with cardiovascular disease, coadministration of propafenone 150 mg i.i.d. with immediate release metoprolol 50 mg i.i.d. resulted in two- to five-fold increases in the steady-state concentration of metoprolol. These increases in plasma concentration would decrease the cardioselectivity of metoprolol. Both digitalis glycosides and beta-blockers slow atrioventricular conduction and decrease heart rate. Concomitant use can increase the risk of bradycardia. Beta-blockers may

exacerbate the rebound hypertension which can follow the withdrawal of clonidine. If the two drugs are coadministered, the beta blocker should be withdrawn several days before the gradual withdrawal of clonidine. If replacing clonidine by beta-blocker therapy, the introduction of beta-blockers should be delayed for several days after clonidine administration has stopped.

Carcinogenesis, Mutagenesis, Impairment of Fertility Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral dosage levels of up to 800 mg/kg/day (41 times, on a mg/m² basis, the daily dose of 200 mg for a 60-kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild alveolar accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg/day (18 times, on a mg/m² basis, the daily dose of 200 mg for a 60-kg patient), benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice, and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant lethal study in mice, chromosome studies in somatic cells, a Salmonella/microsome mutagenesis mutagenicity test, and a nucleus anomaly test in somatic cells) were negative. No evidence of increased fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times, on a mg/m² basis, the daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times, on a mg/m² basis, the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediatric Use** One hundred forty-four hypertensive pediatric patients aged 6 to 16 years were randomized to placebo or to one of three dose levels of TOPROL-XL (0.2, 1.0 or 2.0 mg/kg once daily) and followed for 4 weeks. The study did not meet its primary end point (dose response for reduction in SBP). Some pre-specified secondary endpoints demonstrated effectiveness including: • Dose-response for reduction in DBP • 1.0 mg/kg vs. placebo for change in SBP, and • 2.0 mg/kg vs. placebo for change in SBP and DBP. The mean placebo corrected reductions in SBP ranged from 3 to 6 mmHg, and DBP from 1 to 5 mmHg. Mean reduction in heart rate ranged from 5 to 7 bpm but considerable greater reductions were seen in some individuals. (see **DOSE AND ADMINISTRATION**). Pediatric Hypertensive Patients ≥6 years of age. No clinically relevant differences in the adverse event profile were observed for pediatric patients aged 6 to 16 years as compared with adult patients. Safety and effectiveness of TOPROL-XL have not been established in patients <6 years of age. **Geriatric Use** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1980 patients with heart failure randomized to TOPROL-XL in the MERIT-HF trial, 30% (890) were 65 years of age or older and 12% (238) were 75 years of age or older. There were no notable differences in efficacy or the rate of adverse events between older and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. **Risk of Anaphylactic Reactions** While taking beta-blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

ADVERSE REACTIONS Hypertension and Angina Most adverse effects have been mild and transient. The following adverse reactions have been reported for immediate release metoprolol tartrate. **Central Nervous System:** Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares, and insomnia have also been reported. **Cardiovascular:** Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities; arterial insufficiency, usually of the Raynaud type; palpitations; congestive heart failure; peripheral edema; syncope; chest pain; and hypotension have been reported in about 1 of 100 patients (see **CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS**). **Respiratory:** Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see **WARNINGS**). **Gastrointestinal:** Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, digestive tract disorders, and heartburn have been reported in about 1 of 100 patients. **Hypersensitive Reactions:** Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported. **Miscellaneous:** Pterygia of the nose has been reported in fewer than 1 of 100,000 patients. Musculoskeletal pain, blurred vision, decreased libido, and tinnitus have also been reported. There have been rare reports of reversible alopecia, agnathocystosis, and dry eyes. **Discontinuation of the drug** should be considered if any such reaction is not otherwise explicable. The discontinuation of the drug should be considered if any such reaction is not otherwise explicable. **Other adverse reactions** associated with metoprolol tartrate (a beta₁-blocker) have not been reported with metoprolol. **Potential Adverse Reactions** In addition, there are a variety of adverse reactions not listed above which have been reported with other beta-adrenergic blocker agents and should be considered potential adverse reactions to TOPROL-XL. **Central Nervous System** Reversible mental depression progressing to cataplexy; an acute reversible syndrome characterized by disorientation for time and place, short-term memory

TOPROL-XL® (metoprolol succinate) Tablets

loss, emotional lability slightly clouded sensorium and decreased performance on neuropsychometric tests. **Cardiovascular:** Intercostal chest pain (see **CONTRAINDICATIONS**). **Hematologic:** Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura. **Hypersensitive Reactions:** Fever combined with aching and sore throat, lymphadenopathy and respiratory distress. **Heart Failure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were systematically collected. In the MERIT-HF study comparing TOPROL-XL in daily doses up to 200 mg (mean dose 159 mg once daily) (n=1990) to placebo (n=2001), 10.3% of TOPROL-XL patients discontinued for adverse events vs 12.2% of placebo patients. The table below lists adverse events in the MERIT-HF study that occurred at an incidence of equal to or greater than 1% in the TOPROL-XL group and greater than placebo by more than 0.5%, regardless of the assessment of causality.

Adverse Events Occurring in the MERIT-HF Study at an Incidence $\geq 1\%$ in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL N=1990 % of patients	Placebo N=2001 % of patients
Dizziness/vertigo	1.8	1.0
Bradycardia	1.5	0.4
Accident and/or injury	1.4	0.8

Other adverse events with an incidence of $\geq 1\%$ on TOPROL-XL and as common on placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disorder, ventricular tachycardia/arrhythmia aggravated, hypertension, diabetes mellitus/diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use, regardless of causality: Cardiovascular: 2nd and 3rd degree heart block, cardiogenic shock in patients with acute myocardial infarction. Gastrointestinal: hepatitis, vomiting. Hematologic: thrombocytopenia. Musculoskeletal: arthralgia. Nervous System: Psychiatric: anxiety/nervousness, hallucinations, paresthesia. Reproductive: male impotence. Skin: increased sweating, photosensitivity urticaria. Special Senses: Organic: taste disturbances.

OVERDOSAGE Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL and no specific overdosage information was obtained with this drug with the exception of animal toxicology data. However, since TOPROL-XL (metoprolol succinate salt) contains the same active moiety, metoprolol, as conventional metoprolol tablets (metoprolol tartrate salt), the recommendations on overdosage for metoprolol conventional tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage of TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impairment of consciousness, coma, nausea, vomiting, and cyanosis. **Treatment:** In general, patients with acute or recent myocardial infarction or congestive heart failure may be more hemodynamically unstable than other patients and should be treated accordingly. When possible the patient should be treated under intensive care conditions. On the basis of the pharmacologic actions of metoprolol, the following general measures should be employed. **Elimination of the Drug:** Gastric lavage should be performed. **Bradycardia:** Atropine should be given intravenously. If the response is inadequate, isoproterenol or any other agent with positive chronotropic properties may be given cautiously. Under some circumstances, transvenous pacemaker insertion may be necessary. **Hypotension:** A vasopressor should be administered, eg, levaterenol or dopamine. **Bronchospasm:** A beta₂-stimulating agent and/or a theophylline derivative should be administered. **Cardiac Failure:** A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol, or glucagon may be considered.

DOSEAGE AND ADMINISTRATION TOPROL-XL is an extended release tablet intended for once daily administration. For treatment of hypertension and angina, when switching from immediate release metoprolol to TOPROL-XL, the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed in some patients. TOPROL-XL tablets are scored and can be divided; however, the whole or half tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until optimum blood pressure reduction is achieved. In general, the maximum effect of any given dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Pediatric Hypertensive Patients ≥ 6 Years of Age:** A pediatric clinical hypertension study in patients 6 to 16 years of age did not meet its primary endpoint (dose response for reduction in SBP), however some other endpoints demonstrated effectiveness (see **PRECAUTIONS, Pediatric Use**). If selected for treatment, the recommended starting dose of TOPROL-XL is 1.0 mg/kg once daily; however, the maximum initial dose should not exceed 50 mg once daily. The maximum available dose is one half of the 25 mg TOPROL-XL tablet. Dosage should be adjusted according to blood pressure response. Doses above 2.0 mg/kg (or in excess of 200 mg) once daily have not been studied in pediatric patients (see **CLINICAL PHARMACOLOGY, Pharmacokinetics** in full Prescribing Information). TOPROL-XL is not recommended in pediatric patients < 6 years of age (see **CLINICAL PHARMACOLOGY, Pharmacokinetics** in full Prescribing Information and **PRECAUTIONS, Pediatric Use**).

NOTE: This summary provides important information about TOPROL-XL. For more information, please ask your doctor or healthcare professional about the full prescribing information and discuss it with him or her.

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Briefing

THE WORLD SPOTLIGHT VERBATIM HISTORY

POP CULTURE MILESTONES



The Moment

6/9/09: New York City

AHMED KHALAFAN GHAILANI may not realize that he is a guinea pig. Certainly he's used to being in small enclosed spaces: arrested in Pakistan in 2004, Ghailani spent two years in secret CIA prisons before being transferred to Cuba's Guantánamo Bay in 2006. But what makes Ghailani, 35, an object of such scientific scrutiny is that he is the first alleged terrorist to be transferred from Gitmo to stand trial in U.S. courts. On June 9, he appeared in New York City to face

charges stemming from the 1998 bombing of the U.S. embassies in Kenya and Tanzania.

The Justice Department has chosen to try him to prove to a nervous nation that the people behind the deadly attacks on Americans overseas can be safely judged and even incarcerated in the U.S. Many Democrats reflexively oppose jailing alleged terrorists on American soil, though Washington has done so before. Sheik Omar Abdel Rahman is serving a life sentence in North Carolina

in connection with the 1993 World Trade Center bombing. The stakes are high enough in this case that one hopes the evidence against Ghailani is solid. The U.S. charges that the Tanzanian acquired the makings of a bomb, surveyed the

Can terror suspects be tried on U.S. soil? Ahmed Ghailani will be first to find out

U.S. embassy in Dar es Salaam and accompanied an Egyptian suicide bomber before the attack. The blast killed 224 people, including 12 Americans. Ghailani pleaded not guilty to all 286 counts.

President Obama, who is

trying to close Gitmo, has said different fates await the more than 200 prisoners still held there. Some can be sent back to their homelands, some will be tried in reformed military commissions, and some will be transferred to third countries. The Pacific archipelago of Palau may take 17 Chinese Muslims who've been at Gitmo for years. Others, Obama has hinted, will never face trial because there isn't a court in the land that would allow evidence obtained through torture.

If Obama aims to close Gitmo within a year, more prisoners may be arriving Stateside to face trial. Ghailani, who could face execution if found guilty, has the distinction of going first. —BY MICHAEL DUFFY ■

The World

10 ESSENTIAL STORIES



Family members of the Omagh victims depart the court after their landmark victory

1 | Northern Ireland

For Omagh, a Kind of Closure

Nearly 11 years after a massive bomb ripped through the market town of Omagh in Northern Ireland, killing 29 people, relatives of the victims have finally received some justice. On June 8, a high court in Belfast awarded \$2.6 million in damages to the six families who filed a civil suit—a hefty payout by British standards and a major legal victory. Earlier criminal cases against four members of an IRA splinter group accused of the bombing had ended with only one conviction (which was later overturned). Under the looser standards of proof in civil cases, the court held the four men responsible for setting off a car bomb in the country's worst ever terrorist attack. As the husband of one of the victims said, "It was never about the money. We can stand and say that these guys are responsible for Omagh."

2 | Beirut

March 14 Madness

Lebanon's ruling March 14 alliance won a surprise majority in the country's hotly contested June 7 parliamentary elections, upsetting an opposition coalition led by the Shi'ite paramilitary group Hizbullah. The pro-West, anti-Syria alliance's victory was lauded by the U.S., which had threatened to withhold financial aid to Lebanon if the Iran-backed opposition triumphed. Negotiations on the creation of a national-unity government are set to begin in the coming weeks, though Hizbullah's insistence on retaining legislative-veto power is expected to be a source of contention.



Indigenous citizens block the entrance to Yurimagua City in northern Peru

3 | Peru

Riots in the Amazon

Dozens were killed in Peru's Bagua province as police clashed with indigenous groups incensed by energy developments on their ancestral land. After months of protests, the riots erupted when policemen attempted to clear thousands of demonstrators from a highway. Peru's Congress has moved to suspend further developments.

4 | Washington

Good News From Banks, For a Change

In a potential sign of hope for the ailing U.S. economy, the Treasury Department agreed to let 10 large banks begin repaying \$68 billion in federal aid they received under the Troubled Asset Relief Program (TARP). Having passed "stress tests," some large firms like Goldman Sachs and JPMorgan Chase are expected to return the bailout money ahead of the original timetable set by the White House.

Parliamentary Group Percentages



5 | Brussels

TURNING POINT Conservative parties from France to the Netherlands celebrated victories in the four-day elections for the European Parliament. While not all conservative groups notched gains, some analysts called the broader trend part of a backlash over recent government spending to fund company bailouts and stimulus packages.

Numbers:

4

Length of a shoot-out in Acapulco between Mexican soldiers and suspected drug traffickers, in which 18 people were killed

\$11

Value of a sketchbook once belonging to Spanish painter Pablo Picasso that was stolen from a Paris museum



6 | Kashmir

RIOTS OVER RAPE VICTIMS Deep-seated anger at the Indian government erupted into massive protests on June 8, when 15,000 Kashmir residents took to the streets over a forensics report confirming that two young women—who authorities say drowned but family members claim had been abducted and raped by Indian troops—had indeed been sexually assaulted. Police used tear gas and warning shots to quell the riots, injuring hundreds. Unrest has plagued strife-torn Kashmir, the subject of a long-term boundary dispute between India and Pakistan, since the women's bodies were found on May 30.

7 | Beijing

That's not PC

Chinese Netizens are balking at a new rule starting July 1 that will require all computers sold in the country to carry website-blocking software—a policy that gives the government even broader control over citizens' Internet access. Officials billed the move as a crackdown on pornography, but China's history of Web censorship has activists and Internet users concerned that the preinstalled software will be used to limit free speech and privacy.

8 | Detroit

Fiat Takes Control of Chrysler

Chrysler's planned alliance with Italian carmaker Fiat was cemented on June 10 after the U.S. Supreme Court declined to hear a challenge to the deal brought by Chrysler's creditors and concerned consumer groups. The White House-backed arrangement gives Fiat a controlling stake in the embattled 84-year-old company, which will be called Chrysler Group LLC and could serve as a model for the reorganization of larger rival General Motors, which filed for bankruptcy on June 1. The pact—the latest attempt to salvage America's sagging auto industry—creates the world's sixth largest car manufacturer. Analysts expect Chrysler to capitalize on Fiat's strengths by introducing smaller, more economical vehicles over the coming years.

9 | Washington

Holocaust Museum Shooting

On June 10, a gunman opened fire at the U.S. Holocaust Memorial Museum, killing a security guard before the assailant was struck by return shots. Law-enforcement officials said the 88-year-old suspect, James Von Brun, had ties to white-supremacist groups. He served prison time after carrying guns into Washington's Federal Reserve Building in 1981.

10 | Stockholm

Breaking the Bank for War

Despite the global economic downturn, world governments spent \$1.46 trillion on defense in 2008—a new record, according to the Stockholm International Peace Research Institute. The U.S. continued to top the list, spending \$607 billion to upgrade its armed forces—more than seven times the amount spent by China, which beat out the U.K. for the No. 2 spot for the first time.

- Military spending last year made up about 2.4% of global gross domestic product
- China and Russia nearly tripled military spending from 1999-2008
- Of the 8,400 working nuclear warheads in the world last year, 2,000 were kept on high alert and could be launched within minutes
- The U.S. has spent \$903 billion in Afghanistan and Iraq since the conflicts began

Top 10 military spenders in 2008
(in billions)



SOURCE: STOCKHOLM INTERNATIONAL PEACE RESEARCH INSTITUTE

(RECESSION WATCH)



Not even generosity is recession-proof. According to Giving USA Foundation, charitable giving dropped 5.7% in inflation-adjusted dollars last year—the worst plunge in 50 years. Given the roller-coaster stock market and rising unemployment, however, some experts expressed surprise that the fall wasn't more precipitous.

600,000

Number of new jobs President Barack Obama has pledged to create or save this summer with money from the \$787 billion economic-stimulus package

1 MILLION

Number of words in the English language, according to the Global Language Monitor website. The millionth word? Web 2.0

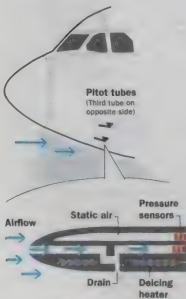
Spotlight:

Air France Flight 447

The stabilizer could show whether the plane broke up in the air or on impact



Secrets of the deep Recovering Flight 447's vertical stabilizer, the largest piece of debris yet found, 400 miles (640 km) off Brazil



How a Pitot tube works

Airspeed is measured by comparing the pressure difference between air flowing through the Pitot tube and nonmoving air in a static chamber



UNTIL DEBRIS FROM THE MISSING aircraft began to surface on June 6, Air France Flight 447 and its 228 passengers and crew seemed to have vanished into thin air. There were no last minute distress calls from the cockpit; just 24 automatic satellite messages—some indicating major system failures—relayed from the stricken plane to Air France maintenance headquarters. Even now, as recovery teams retrieve flotsam and victims' bodies, the black boxes that recorded the flight's final moments remain as much as 2 miles (3.2 km) deep.

That dearth of data has led to a grab bag of speculation about what doomed the four-year-old Airbus A330. Bloggers and aviation experts flit from theory to theory. A terrorist attack? A lightning strike? Some catastrophic technical failure? The first two explanations have largely been discounted (no terrorist group has claimed responsibility, and planes are built to shrug off lightning strikes). Most aircraft accidents stem from an unfortunate cascade of events rather than from any single system malfunction. It's becoming clearer that some combination of weather, an unknown flight-control failure and perhaps the crew's inability to respond is probably to blame. The pilots' margin for error at the time was small; in addition to encountering bad (but not extreme) thunderstorms, the plane was operating

near its "coffin corner"—a combination of speed and altitude at which it becomes difficult to maintain stable flight.

So why might Flight 447 have been flying at the wrong speed? The latest theory is that one of its three Pitot tubes—external sensors used to measure airspeed—iced up, leading to an inaccurate reading. That would have shut down the aircraft's autopilot—one of those 24 messages indicated that had occurred—and compelled the flight control computer to shift more responsibility to the pilots. Turbulence would have further whittled away at their safe speed range. "They might have slowed down inadvertently and flown into a stall," says Hans Weber, an aviation-safety expert at Tecop International Inc. in San Diego. "Or they might have sped up and flown into a dive—either of which could have been unrecoverable."

Momentum behind the Pitot theory is growing. Airbus, after all, recommended nearly two years ago that airlines replace Pitot tubes like those aboard 447 with an improved model less prone to icing. While aviation authorities in Europe and the U.S. never made the change mandatory, Air France said it had begun replacing the tubes in May—and agreed to speed up the process following the crash at the demand of pilot unions.

Meanwhile, French and U.S. experts continue to listen for the elusive ping of Flight 447's black boxes, sitting somewhere on the floor of the Atlantic. If they are never found, a theory may be the closest we ever get to the truth.

—BY MARK THOMPSON



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Verbatim

'I don't know anything about cars.'

EDWARD WHITACRE JR., the newly appointed chairman of GM, who added that "a business is a business, and I think I can learn"

'A Boy Scout shooting cans at the county dump has got more military training than these guys.'

GEORGE CLARKE, a lawyer for Anwar Hassan, one of 17 Uighurs who languished for three years at the Guantánamo Bay detention facility before the island nation of Palau agreed to temporarily resettle the Chinese Muslim group

'Good God, do not close this abortion clinic for this reason.'

TROY NEWMAN, leader of the antiabortion group Operation Rescue, lamenting plans to shutter Dr. George Tiller's clinic because of Tiller's murder rather than ideological opposition to the practice

'Do you take a shower in a jacket and tie?'

SILVIO BERLUSCONI, Italian Prime Minister, after a radio host questioned him about photos that surfaced of topless women sunbathing at Berlusconi's Sardinia estate

'When a person has in his mind to come to die, nobody can stop him.'

JAMIL KHARWAR, spokesman for the Pearl Continental Hotel in Peshawar, Pakistan, where at least 16 people died in a June 9 suicide bombing

'Oh, wow. That's a blessing.'

BELINDA JENKINS, a New Orleans resident, reacting to news that Hurricane Katrina victims will be allowed to buy their temporary trailers for \$5 or less

'I take the ones I can afford and then trust in the Lord.'

ROBERT BROWN, a 60-year-old North Carolina native who suffers from heart disease and emphysema, on coping with the rising cost of prescription drugs



Back & Forth:

Iran

'We are up against a person who says black is white and four times four equals five. He looks into the camera and lies with self-confidence.'



MIR-HOSSEIN MOUSAVI, Iranian presidential candidate, accusing incumbent Mahmoud Ahmadinejad of lying about the state of Iran's economy

'No one has the right to insult the President.'



AHMADINEJAD, saying Mousavi and other rivals should be imprisoned for their remarks

Don't Ask, Don't Tell

'The Court of Appeals properly upheld the statute.'

Solicitor General **ELENA KAGAN**, defending the Obama Administration's position that the U.S. Supreme Court should not review the Pentagon's "Don't ask, don't tell" policy governing openly gay soldiers in the military

'He's a coward, a bigot and a pathological liar.'

JAMES PIETRANGELO II, a former Army officer who was dismissed for being openly gay, blasting President Obama for failing to uphold his campaign pledge to overturn the policy

LEXICON

Widow penalty

n.—The practice of denying immigrants U.S. residency if their American spouses die during the citizenship-application process

USAGE: "The Department [of Homeland Security] said it is suspending for two years enforcement of the so-called widow penalty that has triggered several lawsuits."

—AP, June 10, 2009



A Brief History Of:

Television



IT HAD DOORS!
Early 1920s TVs were blurry and flickering



STILL FUZZY
Technology improved in the 1930s



WARTIME SLUMP
TV was still a rarity for most until 1945



IN LIVING COLOR
Color television first took off in 1954



TV EVERYWHERE
In 1960, 87% of U.S. households had a TV



NEW WAVE
Color sales beat black and white's by 1972



MTV GENERATION
Cable channels surged in the 1980s



FLAT SCREEN
42% of TV stations were digital as of June

THE PANIC WAS PALPABLE AS THE JUNE 12 SWITCH TO digital television loomed. With the nation's over-the-air analog stations about to go offline, 3 million Americans were reportedly unprepared. Fast action was necessary, said President Obama, so that no one missed news or emergency information. Fear of going tubeless would have been hard to imagine in the 19th century, when inventors first dreamed up devices to let people "see by electricity." Some thought the idea foolhardy. An 1881 article in *Nature* speculated that transmitting images over distance was possible—but questioned whether the idea warranted "further expense and trouble."

That skepticism seemed fair based on early attempts. In 1884, a German inventor created crude moving images by filtering light through a spinning disk punched with holes. In the early 1920s, engineers in the U.S. and U.K. sent still pictures and moving silhouettes using radio waves. In 1928, General Electric broadcast the first TV drama: a modified small spinning disk and bright lamp produced off-center, blurry pictures of cigarette-toting actors gallivanting around what was supposed to be Europe (but was actually Schenectady, N.Y.). It was one of the best offerings at the time. Other must-see TV included such scintillating subjects as smoke rising from a chimney.

Steadily, however, the picture quality improved—and the audience grew. Regular nationwide television broadcasts began in 1939. From 1945 to '48, sales of television sets increased 500%. The first widespread broadcast in color went out in 1954, and today there are televisions in some 110 million U.S. households. Revenues from TV broadcasting, cable, advertising and TV set sales totaled nearly \$182 billion in 2006. Talk about worth the trouble. —BY LAURA FITZPATRICK

THE SKIMMER



Idiot America: How Stupidity Became a Virtue in the Land of the Free

By Charles P. Pierce
Doubleday; 293 pages

MAKE ROOM ON THE SHELF for yet another political tome with a hyperbolic title. This one is situated squarely on the left side of the aisle, so conservative readers need not apply—if, as Charles Pierce implies, *conservative reader* isn't a contradiction in terms. The terrain is well trod: from intelligent design to the dubious link between Saddam Hussein and 9/11, Pierce argues, prevailing political wisdom in the U.S. has been based not on fact but on who could shout loudest. The book elevates itself with original reporting, some witty asides (a Mitch Albom best seller is slammed as "what Dante would have written had he grown up next door to the Cleavers") and judicious use of examples from American history. With a law professor in the White House, Pierce's thesis and gleeful bashing of the previous Administration ("we have lived through an unprecedented decade of richly empowered hokey") seem a bit dated. But his high-octane ranting and sophisticated prose (he is a contributing writer for *Esquire*) may well appeal to the already converted.

—BY ANDREA SACHS

THE TUBE THROUGH TIME

1927

April 7 marks the first U.S. public broadcast: the voice and image of Herbert Hoover

1947

First TV couple shares a bed on *Mary Kay and Johnny*. The next may have been Fred and Wilma Flintstone in the '60s

1950

Laugh track debuts on NBC's *The Hank McCune Show*

1955

Wireless remote control invented. Earlier versions were attached to the TV by a cable

1972

VCR replaces previous open-reel home video systems

1983

*M*A*S*H* airs most-watched TV-show finale in history, viewed by almost 106 million Americans

2009

Contract renewal puts *The Simpsons* on track to pass CBS's *Gunslinger* (1955-75) as the longest-running prime-time scripted series

READ

SKIM

TOSS

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men in as little as 14 minutes.***

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VIAGRA is prescribed to treat erectile dysfunction. We know that no medicine is for everyone. Don't take VIAGRA if you take nitrates, often prescribed for chest pain, as this may cause a sudden unsafe drop in blood pressure.

Talk with your doctor first. Make sure your heart is healthy enough to have sex. If you have chest pain, nausea, or other discomforts during sex, seek medical help right away. As with any ED tablet, in the rare event of an erection lasting more than four hours, seek immediate medical help to avoid long-term injury.

In rare instances, men taking PDE5 inhibitors (oral erectile dysfunction medicines, including VIAGRA) reported a sudden decrease or loss of vision, or sudden decrease or loss of hearing. It is not possible to determine whether these events are related directly to these medicines or to other factors. If you experience any of these symptoms, stop taking PDE5 inhibitors, including VIAGRA, and call a doctor right away.

The most common side effects of VIAGRA are headache, facial flushing, and upset stomach. Less common are bluish or blurred vision, or being sensitive to light. These may occur for a brief time.

Take VIAGRA about 1 hour before you want to have sex. VIAGRA works for 4 hours. VIAGRA only works with stimulation. VIAGRA does not protect against sexually transmitted diseases including HIV. Please see Important Facts for VIAGRA on the following page or visit viagra.com for full prescribing information. **For free information, including questions to ask your doctor, call 1-888-4VIAGRA (1-888-484-2472).**

*Data taken from a study of 228 men with ED who previously had success with VIAGRA. Of the 115 men who took VIAGRA 100mg, 35% had erections hard enough for successful intercourse at 14 minutes, and 51% of men at 20 minutes.

Individual results may vary.

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Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.**

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IMPORTANT FACTS

VIAGRA
(sildenafil citrate) tablets

(vi-AG-rah)

IMPORTANT SAFETY INFORMATION ABOUT VIAGRA

Never take VIAGRA if you take any medicines with nitrates. This includes nitroglycerin. Your blood pressure could drop quickly. It could fall to an unsafe or life-threatening level.

ABOUT ERECTILE DYSFUNCTION (ED)

Erectile dysfunction means a man cannot get or keep an erection. Health problems, injury, or side effects of drugs may cause ED. The cause may not be known.

ABOUT VIAGRA

VIAGRA is used to treat ED in men. When you want to have sex, VIAGRA can help you get and keep an erection when you are sexually excited. You cannot get an erection just by taking the pill. Only your doctor can prescribe VIAGRA. VIAGRA does not cure ED.

VIAGRA does not protect you or your partner from STDs (sexually transmitted diseases) or HIV. You will need to use a condom.

VIAGRA is not a hormone or an aphrodisiac.

WHO IS VIAGRA FOR?

Who should take VIAGRA?

Men who have ED and whose heart is healthy enough for sex.

Who should NOT take VIAGRA?

- If you ever take medicines with nitrates:
 - Medicines that treat chest pain (angina), such as nitroglycerin or isosorbide mononitrate or dinitrate
- If you use some street drugs, such as "poppers" (amyl nitrate or nitrite)
- If you are allergic to anything in the VIAGRA tablet.

BEFORE YOU START VIAGRA

Tell your doctor if you have or ever had:

- Heart attack, abnormal heartbeats, or stroke
- Heart problems, such as heart failure, chest pain, or aortic valve narrowing
- Low or high blood pressure
- Severe vision loss
- An eye condition called retinitis pigmentosa
- Kidney or liver problems
- Blood problems, such as sickle cell anemia or leukemia
- A deformed penis, Peyronie's disease, or an erection that lasted more than 4 hours
- Stomach ulcers or any kind of bleeding problems

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take or use:

- Medicines called alpha-blockers to treat high blood pressure or prostate problems. Your blood pressure could suddenly get too low. You could get dizzy or faint. Your doctor may start you on a lower dose of VIAGRA.
- Medicines called protease inhibitors for HIV. Your doctor may prescribe a 25 mg dose. Your doctor may limit VIAGRA to 25 mg in a 48-hour period.
- Other methods to cause erections. These include pills, injections, implants, or pumps.

POSSIBLE SIDE EFFECTS OF VIAGRA

Side effects are mostly mild to moderate. They usually go away after a few hours. Some of these are more likely to happen with higher doses.

The most common side effects are:

- Headache
- Feeling flushed
- Upset stomach

Less common side effects are:

- Trouble telling blue and green apart or seeing a blue tinge on things
- Eyes being more sensitive to light
- Blurred vision

Rarely, a small number of men taking VIAGRA have reported these serious events:

- Having an erection that lasts more than 4 hours. If the erection is not treated right away, long-term loss of potency could occur.
- Sudden decrease or loss of sight in one or both eyes. We do not know if these events are caused by VIAGRA and medicines like it or caused by other factors. They may be caused by conditions like high blood pressure or diabetes. If you have sudden vision changes, stop using VIAGRA and all medicines like it. Call your doctor right away.
- Sudden decrease or loss of hearing. We do not know if these events are caused by VIAGRA and medicines like it or caused by other factors. If you have sudden hearing changes, stop using VIAGRA and all medicines like it. Call your doctor right away.
- Heart attack, stroke, irregular heartbeats, and death. We do not know whether these events are caused by VIAGRA or caused by other factors. Most of these happened in men who already had heart problems.

If you have any of these problems, stop VIAGRA. Call your doctor right away.

HOW TO TAKE VIAGRA

Do:

- Take VIAGRA only the way your doctor tells you. VIAGRA comes in 25 mg, 50 mg, and 100 mg tablets. Your doctor will tell you how much to take.
- If you are over 65 or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg).
- Take VIAGRA about 1 hour before you want to have sex. VIAGRA starts to work in about 30 minutes when you are sexually excited. VIAGRA lasts up to 4 hours.

Don't:

- Do not take VIAGRA more than once a day.
- Do not take more VIAGRA than your doctor tells you. If you think you need more VIAGRA, talk with your doctor.
- Do not start or stop any other medicines before checking with your doctor.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information OR
- Go to www.viagra.com or call (888) 4-VIAGRA (484-2472).

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SHOCKINGLY PREDICTABLE

Things get crazy at
BARBARA BUSH'S
84th birthday party

Despite lack of parrots and eye patches, **SWEDEN'S PIRATE PARTY** wins an E.U. Parliament seat



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Milestones



David Carradine

HE MADE MORE THAN TOO films and his share of tabloid headlines, but nothing in David Carradine's life was as sensational as the way he ended it. The 72-year-old actor's naked body was found June 4 in a Bangkok hotel room. Thai police said his death was caused by autoerotic asphyxiation.

Yet if people concentrate

on Carradine's work and not on his autopsy report, they'll find a lot to admire. He became a star in the '70s TV series *Kung Fu*, in which he played Caine, the philosophizing martial artist (a role originally planned for Bruce Lee). But he distinguished himself in film and theater as well.

The eldest son of character actor John Carradine, whose

itinerant career he replicated, David won a Theatre World Award on Broadway as an Inca sovereign in 1965's *The Royal Hunt of the Sun*. In his *Kung Fu* decade, he starred for Martin Scorsese (*Boxcar Bertha*) and Ingmar Bergman (*The Serpent's Egg*), drove killer cars in *Death Race 2000* and *Cannonball* and folded his towering frame into the pint-size legend of Woody Guthrie in *Bound for Glory*—gutsy, exemplary films all.

In 2003 Carradine lent a pervasive menace to the eponymous assassin in Quentin Tarantino's *Kill Bill*. And when there were no good roles, he took bad ones; in his last years he graced such direct-to-nowhere films as *Fall Down Dead*, *Homo Erectus* and *My Suicide*. "It's a marathon," he said of acting. "You can't quit. Even coming in dead last has honor."

Life ended too soon for this powerful long-distance runner. —BY RICHARD CORLISS



Peter L. Bernstein

IN 1989, PETER L. BERNSTEIN was 70 and had led a full life. An intelligence officer during World War II, he later taught economics, ran an investment firm and edited the wonky but influential *Journal of Portfolio Management* as a flood of new academic research transformed in-

vesting in the 1970s and '80s.

But when a book editor suggested Bernstein write a memoir, he countered with an ambitious proposal for an intellectual history. The result was *Capital Ideas: The Improbable Origins of Modern Wall Street*, an improbably charming tale of index

funds, mathematical options-pricing models and new theories of corporate finance. It was a success, and Bernstein followed it in 1996 with a big best seller, *Against the Gods: The Remarkable Story of Risk*.

With that, Bernstein became an in-demand speaker, an industry wise man (one writer likened him to Yoda) and the foremost interpreter of the quantitative approach that came to dominate Wall Street. But he was never doctrinaire. When I sought his blessing for a book on the fall of the market philosophy whose rise he had sketched in *Capital Ideas*, he was enthusiastic—and even contributed a blurb for the back cover. When he died on June 5 at age 90, he was working on another book about risk. When that was done, he planned to finally get to work on that memoir.

—BY JUSTIN FOX

As a Stanford University computer-science professor specializing in data-mining, **Rajeev Motwani, 47**, guided Google leaders Sergey



Brin and Larry Page through their early research in the 1990s. He was found dead in his pool June 5, in an apparent drowning.

■ **Omar Bongo, 73**, assumed the presidency of the West African nation of Gabon in 1967 and remained in power until his death on June 8. An authoritarian leader, Bongo—who had been the world's longest-serving President—was criticized for using Gabon's vast oil resources to fund a lavish lifestyle.

■ **Restaurateur Norman Brinker, 78**, the creator of the salad bar, made a fortune by merging fast food and upscale dining. He started Bennigan's in 1976 and turned the Tex-Mex chain Chili's into an international brand.

■ Before he joined the group of operatives that broke into the Democratic National Committee office at Washington's Watergate apartment complex, CIA agent **Bernard Barker, 92**, helped recruit Cuban exiles to support the ill-fated 1961 Bay of Pigs invasion.

■ **Fleur Cowles, 101**, edited *Flair*, an innovative magazine that pioneered the use of pop-ups and cutouts during its brief one-year run. A socialite, a presidential



envoy and an artist, Cowles was known as "America's Million Dollar Girl" and won international honors for her paintings.

Swiss tennis star **Roger Federer, 27**, earned his first French Open title on June 7. A straight-sets victory over Sweden's Robin Soderling made Federer the sixth man in history to win all four Grand Slam tournaments.





Peter

Beinart

Why Obama Should Keep the Heat on Israel ... Getting tough on settlements is a necessary first step for Middle East peace

THE BIG QUESTION ABOUT BARACK

Obama has always been this: Is he a risk taker? Domestically, he answered it months ago with his massive stimulus package. On foreign policy, we only just learned the answer. By taking on the Israeli government over the issue of settlement growth, Obama is showing that he's a gambler overseas as well. Despite the conventional wisdom that an Israeli-Palestinian peace deal is impossible anytime soon, he seems hell-bent on pursuing one. And if he breaks china in the process, so be it.

American Presidents have opposed

Israeli settlements in the West Bank since Israel conquered it in 1967. But in practice, they've mostly turned a blind eye. In 1991, President George H.W. Bush showed why when he tried to condition loan guarantees to Israel on a halt to settlement growth and stirred up a nasty political hornet's nest in the process. He won only 11% of the Jewish vote the following year.

Since then, public spats with Israel have been the third rail of U.S. foreign policy. If Obama loses his current showdown with Israeli Prime Minister Benjamin Netanyahu, they could well remain so for a generation. But luckily for Obama—and unluckily for the supporters of the political status quo in Washington and Jerusalem—he's not likely to lose.

The first reason is that he's taking on Netanyahu where the Israeli Prime Minister is weakest. Israelis may not be thrilled

about freezing settlement growth, but it's not an issue like Iran's nuclear program, which they consider important enough to risk their relationship with the U.S. over. A poll published in Israel's largest newspaper, *Yediot Aharonot*, on June 5 found that 56% of Israelis would rather cave on the settlements issue than face sanctions by the U.S.

Obama also has the political advan-



tage in Washington. Settlements are to the mainstream pro-Israel crowd what partial-birth abortions are to the mainstream pro-choice crowd: the issue they hate talking about. Even the most powerful pro-Israel lobby, the American Israel Public Affairs Committee, which opposes public U.S. pressure on Israel, hasn't taken an explicit stance on the settlements dispute. Obama has also surrounded himself with the kind of advisers (Rahm Emanuel, Hillary Clinton and Dennis Ross) and made the kind of symbolic gestures (holding a seder at the White House and condemning Holocaust denial in Cairo) that reassure many American Jews. Historically, Israel's American supporters have used their strength in Congress to box Presidents in a corner. But when Netanyahu came to Washington last month, even reliably pro-Israel Jewish members of Congress

gave him an earful on settlements.

The third reason Obama will most likely win this fight is that Netanyahu has bigger fish to fry. He knows that sometime in the next year or two, he could well end up paying a visit to the White House to ask for U.S. support for a military strike against Iran's nuclear program. For an Israeli Prime Minister, alienating a U.S. President is almost always bad politics, but it's particularly bad politics when you need his help to stop what you've called an existential threat. If Israelis decide Netanyahu can't negotiate with the U.S. effectively over Iran, they may demand that he be replaced with someone who can.

For Netanyahu, backing down

won't be easy. If he concedes too much, his right-leaning government could fall. But that's not Obama's problem. In fact, the White House would probably be thrilled if Netanyahu were forced to trade his right-wing partners for a coalition with Tzipi Livni's centrist Kadima Party, which is serious about a peace process with the Palestinians. It would be even happier if Livni replaced Netanyahu altogether.

This crisis has already revealed something about

Obama: he's not timid. If he succeeds in getting Netanyahu to freeze settlement growth, his next moves may be to dial up the pressure on the U.S.'s Arab allies to take steps toward recognizing the Jewish state and put heat on the Palestinians to overcome their political division, which might entail some easing of the U.S. ban on dealing with Hamas. The latter move would spark loud wailing and gnashing of teeth on both the Israeli and American right. But it may not matter. During the campaign, Obama's foreign policy advisers told journalists that unlike past Democrats, he wouldn't be afraid to test the limits of what was politically possible. We're now starting to see what that means. It should be an interesting few years.

Settlements are to the mainstream pro-Israel crowd what partial-birth abortions are to the mainstream pro-choice crowd: the issue they hate talking about

Beinart is a senior fellow at the Council on Foreign Relations

Joe Klein

... and Start Talking to Hamas. A meeting in Damascus shows why the U.S. must be prepared to deal with all sides

HALFWAY THROUGH MY INTERVIEW with Khaled Mashaal, about an hour after Barack Obama's Cairo speech, I realized that the leader of Hamas was calling the Israeli people, and their leaders, Israelis. That seemed new. The usual term of art used by Islamic militants is "Zionists" or worse. A few days later in Iran, for example, I watched Iranian President Mahmoud Ahmadinejad say in a debate, "I don't like to call them Israelis. Their leaders are so unclear that they could wash themselves in the cleanest waters and still be dirty."

I asked Mashaal if his language implied that he accepted, de facto, a Jewish state called Israel. "Don't conclude this," he said. "These are the names they call themselves... Once the Palestinians are enabled to have a sovereign state, then they can be asked whom they recognize." And yet, calling Israelis by the name they call themselves seemed a different sort of body language. The meaning of this new tone can be debated. Part of it may be attributable to the terrible military defeat Hamas suffered in Gaza, a recognition, finally, that Israel is simply not going away. Or Mashaal may be trying to present a more sympathetic face to contrast with Benjamin Netanyahu's recalcitrant Likud government in Israel. Whatever the reason, it certainly seems time to reassess the West's unwillingness to deal with Hamas.

We met in a *majlis* on the second floor of the Hamas office in a quiet Damascus neighborhood. Mashaal, a handsome, soft-spoken man with salt-and-pepper hair, sat flanked by Palestinian and Hamas flags. I asked about his reaction to the Obama speech. He was officially

Hamas has some inconvenient facts in its favor: it exists, it remains strong, and it has a legitimate complaint

skeptical. He acknowledged the President's new tone, but wanted to know what the Obama Administration would do to pressure the Israeli government to stop building settlements on Palestinian lands. "The Americans have an abundance of experience in pressuring countries around the world," he said. "Why is it only in the case of Israel that America does not intervene?"



He was, in fact, quietly intransigent across the board. I asked him what steps he was willing to take for peace. "The initiative should come from the party with the resources. We have no resources," he said and repeated a previous offer to negotiate an arrangement based on Israel's withdrawing to pre-1967 borders. What about formal recognition of Israel? "Who is more in need of recognition," he asked, "Israel, which has a nuclear arsenal, great power and resources, or the Palestinian people? Which party should be given attention, the hangman or the victim, the oppressor or the oppressed?" He also had no apologies for Hamas' history of attacks directed against innocent Israelis, saying it was a matter of self-defense.

Obviously, he wasn't going to offer any concessions, publicly, to Obama. In fact, Mashaal is facing more immediate

problems than the final-status negotiations that Obama is proposing. Gaza, which Hamas controls, lies in ruins. The border crossings are still sealed by Israel, except for some humanitarian goods, despite entreaties by Hillary Clinton, and the Gazans are unable to rebuild. Mashaal is also enmeshed in his own local political struggle, against Fatah, the moderate Palestinian party, which receives the bulk of international donations for reconstruction and whose security forces are armed and trained by the U.S. Hamas violently expelled Fatah from Gaza after its victory there in the 2006 elections; armed clashes between the groups have erupted again in

recent weeks. Before the Israelis negotiate with the Palestinians, the Palestinians obviously have to get their act together.

So what are our options, given Mashaal's refusal to yield on any of the demands made by Obama? Hamas has some inconvenient facts in its favor: it exists, it remains strong in Gaza—as a direct consequence of the real social services it provides and its relative lack of corruption compared with Fatah—and it has a legitimate complaint. The Israeli occupation of the West Bank is inhumane and outrageous. Pales-

tinians are imprisoned behind a barrier wall that does not conform to the 1967 lines; they are forced to endure hundreds of Israeli checkpoints and roadblocks whose purpose seems humiliation as much as security; their lands are slit by highways that only settlers are allowed to use; the settlements, populated by the most extreme Israelis, have doubled in size since the 1993 Oslo accords, gradually turning the Palestinian areas into Swiss-cheese cantons.

There will be no peace as long as this persists. And there will be no peace without Hamas as part of the process, as odious as its continuing embrace of violence against innocents may be. And there will be no process if the U.S. doesn't speak to all sides. In the past, the Middle East peacemakers, more often than not, have been the former terrorists—on both sides. Why not now?

The Coldest War. How a succession crisis put the U.S. and North Korea on a collision course—and why two Americans are caught in the middle

BY BILL POWELL

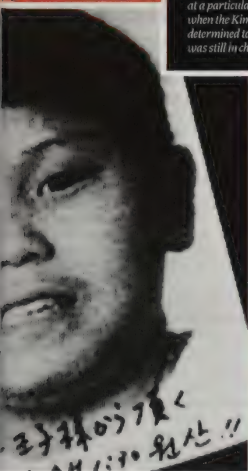




Kim Jong Il
Dictator



Intersection Lee and Ling may have accidentally crossed into North Korea at a particularly bad time, when the Kim dynasty was determined to show that it was still in charge.



Laura Ling
Journalist

WHEN HE WAS A BOY, THE apparent dictator-in-waiting used to be an enthusiastic basketball player—not to mention a sort of coach on the floor. Kim Jong Un, the youngest son of the man known as the Dear Leader, North Korea's Kim Jong Il, would play hoops with his friends and his brother and afterward, according to a memoir written by his family's former chef, would gather his teammates and offer constructive criticism: "You should have passed here instead of shooting. We should have double-teamed this guy." (No one, mind you, ever told the Dear Leader's son what he might have done wrong.)

Kim Jong Un is 26 and a chip off the old block, according to Kenji Fujimoto, the Japanese chef who used to cook for the Kim clan. He is short, a bit overweight and "aggressive," Fujimoto has said, "just like his father." And Kim Jong Un is now, many analysts believe, officially in line to succeed Kim Jong Il as the leader of the Democratic People's Republic of Korea—which helps explain Pyongyang's recent explosively belligerent behavior.

Just over four months into Barack Obama's presidency, North Korea has become his first foreign policy crisis. To force itself to the top of Obama's agenda, the North has resorted to just about every nasty tactic short of war—testing both a long-range rocket and a nuclear bomb, arresting two American journalists and sentencing them to harsh prison terms. With such provocations, North Korea seems intent on establishing that it is more dangerous than ever. Kim Jong Un is at least part of the reason.

Family Matters

LATE LAST SUMMER, HIS FATHER, 68, suffered a stroke, and that brush with mortality apparently concentrated his mind. North Korea was founded by Kim Jong Il's father, the so-called Great Leader, Kim Il Sung, who has become, in the decades since, the focus of a dynastic cult of personality like no other. (Dead for 15 years, Kim Il Sung is still North Korea's "President for life.") Kim Jong Il has three sons from two wives. The eldest embarrassed his father in 2001 by trying to sneak into Japan on a fake passport. His father thinks the middle son, Kim Jong Chul, is "too feminine" for the job, according to Fujimoto. Hence the mantle of leadership will apparently someday be handed to Kim Jong Un. "A systematic succession plan is now under way, and has been since early this year," Cheong Seong-chang of the Seoul-based Sejong Institute and one of South Korea's leading experts on North Korean political

élites, wrote in a recent classified paper for the South Korean National Intelligence Service that was obtained by TIME. The son's political rise is being guided—and protected—by Kim Jong Il's brother-in-law Chang Sung Taek, who most analysts believe would effectively run North Korea if Kim Jong Il were to die suddenly.

What does this have to do with Pyongyang's recent belligerence? According to diplomats and intelligence sources in Washington and East Asia, plenty. The North Koreans have chosen what could have been a period of weakness—with an ailing leader trying to arrange the eventual transfer of power to an untested son—to state that it does not intend to give up its nuclear weapons program. "It's pretty clear they have made the strategic choice to be a nuclear power, period, and will no longer hold out the weapons program as a thing to be bargained away in talks with the U.S. and its neighbors," says Bruce Klingner, a former deputy chief of the Korea desk at the CIA's Directorate of Intelligence and now a senior fellow at Washington's Heritage Foundation. "They've decided that now is the time to raise, not lower, the walls against foreign interference."



Heightened alert A South Korean soldier points directions to U.S. troops during a June military drill

The Obama Administration, for its part, feels as if it has no choice but to overhaul its policy. "We're in potentially a different place now with North Korea," a senior Administration official tells TIME. Obama came into office determined to close the deal George W. Bush had started to negotiate during his second term: persuading the North to stand down its nuclear program in return for an array of economic benefits as well as eventual diplomatic recognition by Washington. For now, that strategy is off. "I'm tired of buying the same horse twice," said Defense Secretary Robert Gates late last month. In its place, if North Korea continues on its current path, say Administration officials, will be an "aggressive, defensive posture" toward the North. With engagement on ice, thanks to Kim Jong Il, the U.S. will try a policy of containment in hopes of preventing further expansion or export of the North's nuclear program.



Enter the Hostages

BUT WASHINGTON'S DESIRE TO ISOLATE the North has been complicated by Pyongyang's June 8 sentencing of two Americans to 12 years of hard labor. Euna Lee, 36, and Laura Ling, 32, were filming a report for Current TV, a San Francisco-based network co-founded by former Vice President Al Gore, on North Korean refugees in China. They were working near the border city of Dandong in northeastern China when they were arrested on March 17. The two were convicted of illegal entry into North Korea—accounts differ as to whether the women inadvertently crossed the border—as well as unspecified “hostile acts.”

Secretary of State Hillary Clinton said the U.S. government views the case as wholly separate from the other issues now dividing Pyongyang and Washington. But Pyongyang almost certainly does not. For a regime that acts more like a Mafia family than a government, kidnapping has been a tactic North Korea has used for decades. Relations between Japan and North Korea are inflamed precisely because of revelations that for years the North kidnapped Japanese and then

used them to train North Korean spies in Japanese language, culture and history. At a moment when Washington is pledging to get tough, Pyongyang “will absolutely view the two young journalists as bargaining chips,” a South Korean diplomatic source says.

Bargaining with the Kims is the last thing Obama wants to do, but the Administration probably doesn't have a choice. Judging from the testimony of defectors like Kang Chol Hwan, who spent a decade as a boy in one of North Korea's most notorious camps for political prisoners, the conditions of the journalists' imprisonment could be brutal. The Administration is considering whether sending a special envoy to Pyongyang would help. Former U.N. ambassador Bill Richardson, who has traveled to Pyongyang on special diplomatic missions, said recently, “Now is when the negotiating really begins.”

The New Containment

THE BROADER CHALLENGE FOR OBAMA IS to craft a policy that contains three parts: it must continue to defuse tensions between North and South Korea, stop North Korea from selling weapons of mass destruction to others, and inflict sufficient economic pain on Pyongyang through new sanctions to make it rethink its determination to be a nuclear power. The primary mission of Deputy Secretary of State James Steinberg on a recent visit to Seoul was to reinforce the U.S. military commitment to its long-standing ally, at a time when the “possibility of small-scale skirmishes [between North and South] is high,” says Chang Kwoun Park, a navy captain at the Korean Institute for Defense Analyses in Seoul.

U.S. officials have the same apprehension: that political uncertainty in the North, coupled with a military establishment intent on maintaining its pre-eminence, is a combustible combination. The North has 13,000 artillery tubes trained on South Korea, and the two sides have had two minor naval confrontations in the past 10 years. “Anytime you have a combination of this behavior of doing provocative things in order to excite a response—plus succession questions—you have a potentially dangerous mix,” said U.S. Director of National Intelligence Dennis Blair in a recent speech.

The U.S. team believes it succeeded in reassuring the South Koreans. Much more difficult will be toughening the anti-proliferation measures aimed at North Korea and moving toward stiffer sanctions. Even after Pyongyang's nuclear test, China remains wary of taking any steps that could destabilize the regime, says a

diplomat in East Asia, particularly when it appears to be arranging a transition.

China, officials say, has made it plain to the U.S. that it is plenty angry with the North. U.S. diplomats believe China is willing to broaden the economic sanctions already in place against North Korean companies suspected of proliferation. News that the five permanent members of the U.N. Security Council agreed on the terms of a resolution on North Korea bolstered the view that China is prepared to help.

But there are limits. The U.S. Administration has broached to Beijing the possibility of participating in the Proliferation Security Initiative, which aims to block suspected shipments of weapons and nuclear matériel from states such as North Korea, Iran and Syria. The program has had its successes. Last September, acting on intelligence from the U.S., India denied overflight rights to an aircraft that took off in Burma and was thought to be transporting North Korean missiles or other weaponry to Iran. The flight never made it to Tehran, U.S. intelligence officials say. But until very recently, even South Korea hesitated to embrace interdiction of North Korean boats. And no one in the region believes the Chinese will participate in such an overtly hostile policy.

Administration officials say privately, however, that if coercive diplomacy toward Pyongyang is the goal, there are other ways for Washington and Beijing to work together. In fact, it's happened before. The most effective sanctions ever levied against the North were those designed and imposed by the U.S. Treasury Department during the Bush years. Not only did Treasury manage to freeze a Macau bank account through which the North Korean regime allegedly laundered millions of dollars, but it also persuaded several large banks in China to stop doing business with North Korea. In 2006, Kim Jong Il made removal of those sanctions a precondition of returning to the so-called six-party talks, and Bush acceded.

It wasn't lost on anyone that the architect of those sanctions, Treasury official Stuart Levey, was part of the diplomatic delegation the U.S. sent to East Asia recently. A senior Administration official says it is “deeply aware” of how effective those sanctions were. Finding ways to punish Pyongyang isn't where Obama expected to be at this point in his presidency. But that wasn't his choice. It was that of Kim Jong Il and the men who surround him—determined, for reasons only they can fathom, to remain stuck in the coldest of fates. —WITH REPORTING BY STEPHEN KIM/SEOUL AND MASSIMO CALABRESI AND MARK THOMPSON/WASHINGTON ■

Brown's Blues

He has survived for now, but amid a scandal over MPs' expenses and following a historic rout in municipal and European polls, time is running out for Britain's Prime Minister. After 12 years, a truculent, angry nation is simply fed up with the Labour Party

BY CATHERINE MAYER



10 Downing Street

IT WAS BILLED AS tragedy—an insurrection that would topple British Prime Minister Gordon Brown—but it played out like a Marx Brothers farce. The June 8 meeting that was supposed to determine Brown's fate attracted

so many MPs from his Labour Party that a House of Commons committee room quickly filled to capacity. And still they came, squeezing their way into the mass of bodies politic. When a clutch of tardy ministers wrenched open the doors, colleagues tumbled into the corridor, itself lousy with reporters.

The meeting's verdict, after spiraling speculation over Brown's future, was anticlimactic. The Prime Minister prevailed over the few rebels who dared advance a case for his ouster. It was a whimpering end to an uprising that had seen attacks on Brown's leadership and serial resignations from his Cabinet, and it came despite a historic rout for Labour in elections for municipalities and the European Parliament—votes that saw a solid performance from the Conservative opposition and gains for fringe outfits including the far right British National Party.

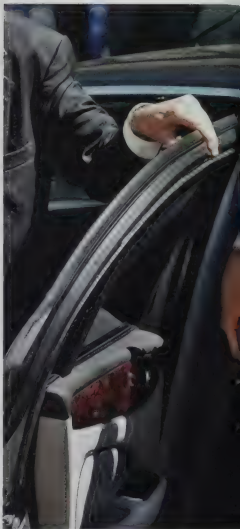
Labour's support has hemorrhaged under Brown. It has declined not just among the affluent voters of middle England, whom the party wooed in the 1990s after jettisoning its ancient class-war shibboleths,

but also among its most loyal supporters in hardscrabble industrial regions. A fresh face might be expected to give the party a boost. Brown, however, became Prime Minister not after an election but when Tony Blair resigned two years ago. If the coup had succeeded, a handover of power from one unelected Prime Minister to another would ratchet up pressure for an early election. When it came to the crunch, Labour MPs, many of whom fear losing their seats, opted to put off the moment of truth. In retrospect, that was not surprising. Turkeys rarely vote for an early Christmas.

Still, a U.K. election must come within a year and promises to answer a question of more enduring significance than who should lead Labour. The issue is whether there will be a Labour Party left to lead. The center-left consensus that has shaped Britain since Blair swept to power in 1997 is disintegrating. The New Labour project that created that consensus—a potent mix of idealism and pragmatism, of social-democratic aspirations and fiscal conservatism, of commitment to equality and

'When you see politicians charging for small things, you know they don't care about the common people.'

—PANKAJ MEHTA, NEWS VENDOR



opportunity—needs a radical overhaul. Can Labour recast itself and find a new identity and purpose? Or is this party, like the parrot in the Monty Python sketch, definitely deceased?

Of Bath Plugs and Moats

STAYING CONNECTED TO VOTERS AFTER 12 years in government is never easy. In a society such as Britain, where politics is a spectator sport, with every tackle covered by the breathless and indefatigable media, the bonds between the public and their elected leaders inevitably fray over time. But connecting with voters who believe politicians to be corrupt, venal and self-obsessed is an even taller order. And that is what Brown now has to do.

Labour has endured a long, slow decline, but its current crisis was triggered by one of the greatest press exposés of the modern age. In April, the *Daily Telegraph* was leaked a computer disc containing details of MPs' expenses claims. They ranged from hilarious to heinous—from charges



Change they can believe in? Brown promised his party he would advocate reform. But do Britons still care?

legally. There should be an election. Let the people decide."

Brown's victory over the rebels could leave Mehta hanging on until next year for a chance to kick out his MP. But the Prime Minister will face a bruising test in September, when Labour arrives in Brighton, a raffish seaside resort, for its annual conference, the traditional time for political revolutions. Brown has promised to change. "There are some things I do well and some things I do not so well," he said as he faced down his critics, and both parts of that statement are accurate. In his first years as Chancellor of the Exchequer—or Finance Minister—after the 1997 victory, he won a deserved reputation for prudent stewardship of the nation's money. Since the financial crisis broke last year, he has handled policy as well as any other world leader, and deftly managed the G-20 summit on the crisis in London this spring.

But Brown's record is deeply flawed. After years of boom, the gap between rich and poor in Britain has actually widened, while higher earners face punitive future taxes to plug a widening deficit. A serious and well-meaning man, Brown is a hopeless communicator in an age of remorseless, ceaseless communication. He's also tribal and factional. Fault lines between his foot soldiers and Blair's persist long after collateral damage from the Iraq war—and the two men's bitter rivalry—persuaded Blair to step aside.

Neil Stewart, who was political secretary to Neil Kinnock, Labour's leader during its wilderness years in the 1980s and early '90s, says Labour now needs to reform or die. The party, he says, "is on a trajectory that could mean the end of strong social-democratic politics in Britain." The crisis engulfing Labour is indeed forcing the party to tackle issues that might be central to a new appeal to voters: recalibrating economic policy for reshaped realities and overhauling Britain's antiquated constitutional system to increase accountability and transparency. "The expenses crisis has actually delivered us an amazing opportunity for radical change," says Ben Bradshaw, newly appointed Culture Secretary in Brown's reconstituted Cabinet. "Gordon is talking about reforming the machine, about real constitutional and political reform."

That message sounds great, if Brown is serious about it. But facing a public whose attitude to politicians is a toxic mixture of weariness and disgust, will anyone listen?

for replacing a bath plug to maintaining a moated residence—and demonstrated that some politicians routinely gamed the system to minimize their taxes. Over 27 days of revelations in the *Telegraph*, politicians of all hues have seen their reputations trashed.

William Lewis, the *Telegraph's* editor in chief, says it was the combination of weariness with Labour and the revelations he published that proved so deadly. "Had this expenses story landed in a different environment," he says, "it wouldn't have had this impact, of pushing the government to the verge of going." In another country, reports of elected representatives milking their expenses might send folk onto the streets to burn a few cars. Britons are angry—you need only drop the word *politician* into a conversation to discover just how furious they are—but their anger is of the slow-burning, passive-aggressive variety of a nation that wears socks with sandals.

All the mainstream parties encountered hostility on the doorstep as they

campaigning for last week's elections, but Labour, as the party of government, was perceived to carry the heaviest responsibility for the expenses scandal. Scanning the front pages of the *Telegraph* and other newspapers he sells from his central London shop, Pankaj Mehta highlights another reason Labour was hit hardest. Reports of Conservative grandees submitting bills for the upkeep of mansions have reinforced the party's unfortunate image of wealth and entitlement, but the vision of Labour MPs subsidizing their lifestyles is damaging in a different way. New Labour defined itself as a party that encouraged wealth creation but still prioritized the needs of ordinary Britons. "When you see politicians charging for small things, like a bathroom plug, you know they don't care about the common people," says Mehta. The message from recent opinion polls is unequivocal: Britons want an early election. Mehta concurs. The only difference between Britain and a dictatorship, he says, "is that here they cling on to power

The Negotiator

Unlike his predecessors, the new U.S. ambassador in Baghdad can't rely on cash and troops to push Washington's interests in Iraq

BY BOBBY GHOSH/BAGHDAD

CHRISTOPHER HILL HAD BEEN IN IRAQ a month and a day when he received a reminder of the frustrations of his old job—and the perils attending his new one. North Korea's nuclear test on May 25 threatened to undo everything Hill had worked on as point man for the U.S. in the six-party talks with Pyongyang. But as the new U.S. ambassador to Iraq, he was focused that evening on bad news closer to his home: a roadside bomb in Fallujah had killed a senior State Department official working on Iraq's reconstruction and two others. Hill had given a speech earlier in the day about American sacrifices on foreign soil; here was proof that such sacrifices were far from over.

The death of the reconstruction official served notice that as the U.S. military begins to withdraw its 130,000 troops from Iraq, it is Hill's people—about 1,000

in reconstruction and policy efforts to a much more civilian lead," says a senior U.S. official. A top Iraqi official puts it more bluntly: "The American soldiers had already started packing their bags before Hill unpacked his."

The military pullout will inevitably change the nature of the U.S. role in Iraq and that of its ambassador. Hill, 57, cannot play the plenipotentiary, as his predecessors did. U.S. civilian assistance to Iraq, now about \$500 million a year, is a far cry from the \$20 billion Paul Bremer, Washington's first postinvasion envoy, had at his disposal. "Without 120,000 soldiers behind him and a blank check from Washington, you can say [Hill] is the first real American ambassador to Iraq," says the Iraqi official, who asked not to be named. "And we will treat him with respect but not with deference."

Yet the U.S. still has interests in Iraq and will need to see them advanced if it hopes to turn its adventure there into a success. Washington wants Iraqis to build on the gains of the past two years—to clean up their government, speed up political and social reconciliation and pull the economy out of its state-controlled stasis. The U.S. can't afford to see Iraq turn into an Iranian satrapy or become a haven for cross-border terrorism. But without thousands of soldiers and billions of dollars at his disposal, Hill will have to persuade Iraqi officials to do Washington's bidding using old-fashioned diplomacy.

In his long career, Hill has put together a useful tool kit for handling protracted negotiations (like those in North Korea) and the aftermath of ethnic and religious conflicts (in the 1990s, he worked with special envoy Richard Holbrooke in the Balkans). It may help too that Hill has a reputation for being approachable and unburdened by ideology. In Iraq, he will need all his diplomatic skills and then some. Iraqi officials like to say they want the same things as the U.S., though they don't like American

lectures on how to get them. But Hill has already learned that, in reality, Baghdad's priorities can differ dramatically from Washington's.

One of his early goals, for example, was to coax Iraqi politicians into agreeing on a "hydrocarbon law": a framework both for sharing oil and gas revenues among Iraq's ethnic groups and for allowing easy foreign investment. But Arabs and Kurds are no closer than ever to an agreement on revenue-sharing, and pushing too hard could lead to armed conflict between them. Hill has had to back off. "I arrived here and realized that, actually, people aren't really working on the hydrocarbon law," he says. The risk is that without a new legal framework for the oil and gas industry, the foreign investment that Iraq desperately needs will not arrive, though the senior U.S. embassy official remains optimistic. Iraq is not as dangerous as it once was. "The security environment," says this official, "is at a point where [investors] can start to look at other issues that determine whether they'll come."

Whatever happens to the economy, many Iraqis will long blame the U.S. for the strife they have suffered since 2003. In previous postings, Hill has been known for tackling anti-American sentiment; while ambassador to South Korea, he made impromptu visits to the country's universities, where the U.S. is far from loved. But that sort of gesture is tough in Iraq. U.S. ambassadors must travel with a small army of guards. And even the highest security couldn't prevent an angry journalist from hurling his shoes at George W. Bush when the then President visited Baghdad in December.

Wisely, Hill knows he too won't always be warmly received. "I simply hope," he says, "that people will hear me out." As for flying footwear: "I can duck with the best of them." Let's hope that for Washington's new man in Baghdad, it doesn't get worse than that. ■

'You can say [Hill] is the first real American ambassador to Iraq. And we will treat him with respect but not with deference.'

—AN IRAQI OFFICIAL

foreign-service officers and many more civilian contractors—who will step into the front line. And they will do so soon. An agreement with the Iraqi government requires all U.S. combat troops to leave Iraq's major cities and towns by the end of this month, and a national referendum planned for January will probably bring forward the complete withdrawal of U.S. troops to mid-2010. The U.S. military footprint has already shrunk significantly. Even the Green Zone, once an American fortress, is now guarded mainly by Iraqis. The generals have handed off responsibility for nonmilitary duties, such as managing power stations and water supplies. "There's been a shift from a military lead







Where She Really Stands On Race

A controversial speech has complicated Sonia Sotomayor's path to the Supreme Court. But an analysis of her record reveals that when it comes to race, she can be far from predictable

BY JEFFREY ROSEN

OF THE THOUSANDS OF CASES Sonia Sotomayor has heard during nearly 17 years on the federal bench, the one likely to raise the toughest questions during her Supreme Court confirmation hearings, which begin on July 13, involves affirmative action. In 2007 Sotomayor, as a member of the Second Circuit Court of Appeals, heard arguments in the case of *Ricci v. DeStefano*. In that case, white firefighters in New Haven, Conn., challenged the city's decision to ignore the results of a promotion test after there were no black firefighters among the top scorers. One of 20 white firefighters who brought the case, Frank Ricci, is dyslexic and paid an acquaintance more than \$1,000 to read study guides for the test onto audiotapes. Ricci scored sixth out of 77—high enough to merit the promotion. But the city, fearing that it could be sued for discrimination, decided to promote no one.

During the oral argument for the case, Sotomayor was an active questioner, but the decision eventually released by her three-judge panel was a brief, unsigned order. With little explanation, it affirmed the

Here comes the judge Sotomayor hits the

Capitol with Senator Harry Reid, right

lower-court decision dismissing the firefighters' claim that the city discriminated against the white firefighters by throwing out the test. In a subsequent opinion, one of Sotomayor's colleagues and longtime mentors, Judge José Cabranes, criticized the panel for disposing in such a cursory way issues that were "indisputably complex and far from well settled." Ricci and the others appealed the panel's ruling, and the case is now before the Supreme Court.

Republican critics of Sotomayor are planning to use the *Ricci* decision as Exhibit A in what they hope will be confirmation hearings focused on her views about race. Exhibit B is a speech she delivered in 2001 that included the following 32 words: "I would hope that a wise Latina woman with the richness of her experiences would more often than not reach a better conclusion than a white male who hasn't lived that life." Since President Barack Obama nominated Sotomayor to the court on May 26, that remark has become the main source of conservative attacks. Former Speaker of the House Newt Gingrich told his followers on Twitter that Sotomayor was a "Latina woman racist" who should withdraw. (He later apologized.) Sotomayor expressed regret about her word choice to Senator Dianne Feinstein. But after the Senate Judiciary Committee released Sotomayor's complete list of speeches, it emerged that she had delivered many versions of the same stump speech—seven by one count—between 1994 and 2003. In all of them, she suggested that a judge who was a "wise woman" or a "wise Latina woman" would issue a better opinion than a male or a white male judge.

Sotomayor's defenders say that those words were taken out of context and that her appellate opinions are hardly radical on race. Tom Goldstein of SCOTUS Blog has estimated that of the 96 race-related cases other than *Ricci* she heard on the Court of Appeals, "Judge Sotomayor rejected discrimination-related claims by a [ratio] of roughly 8 to 1."

So, what does she actually believe? An examination of Sotomayor's career supports the idea that on the bench, she has been a racial moderate, not a radical. At the same time, her opinions and speeches suggest that her views about race, multiculturalism and identity politics are more nuanced, complex and provocative than either her critics or her supporters have allowed. And for that reason, if confirmed, she could influence the racially charged issues the Supreme Court will confront over the next few decades in unexpected ways.

The Richness of Experience

THE FIRST SPEECH IN WHICH SOTOMAYOR introduced the "wise Latina" theme was delivered in Puerto Rico in 1994 and focused

Hard Cases. How Sotomayor ruled on some key race-based disputes

RICCI V. DESTEFANO

The facts in the case

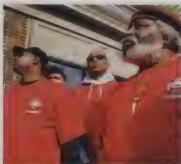
The New Haven, Conn., fire department dismissed the results of a promotion test because none of the top scorers were black. White firefighters sued the city, claiming they had been discriminated against by its decision not to promote on the basis of test results.



Appeal Ricci, left, challenged Sotomayor

How Sotomayor decided

In an unsigned opinion, the three-member appellate panel rejected the firefighters' anti-discrimination suit. The panel held that the city's refusal to certify test results that had a disproportionate racial impact was protected under the law. The case is before the Supreme Court.



Support Black firefighters back her

HAYDEN V. PATAKI

A majority of the appeals court rejected the claim that a New York State law denying the vote to currently incarcerated felons, in combination with historical discrimination in the criminal-justice system, constituted a violation of the federal Voting Rights Act.

Sotomayor dissented, arguing that the text of the Voting Rights Act applies to all "voting qualifications." She added, "The duty of a judge is to follow the law, not to question its plain terms ... I do not believe that Congress wishes ... to invent exceptions to these statutes."

not on race but on gender. Sotomayor was responding to an article written by a colleague, Miriam Goldman Cedarbaum, a federal judge in New York. Cedarbaum, like Justice Sandra Day O'Connor and Justice Ruth Bader Ginsburg, was an "equal treatment" feminist, who had expressed concern about the premise that women judges necessarily approach cases differently than men do. "Generalizations about the way women or men are," Ginsburg famously said, "cannot guide me reliably in making decisions about particular individuals."

Sotomayor, in her speech, takes a very different view from Ginsburg's and O'Connor's. She sympathizes with "difference feminists" and then says she is not sure she agrees with O'Connor's reputed statement that "a wise old man and a wise old woman reach the same conclusion in deciding cases." Sotomayor concludes, "I would hope that a wise woman with the richness of her experience, would, more often than not, reach a better conclusion"—and then defines "better" as a "more compassionate,

and caring conclusion." She also recommends a 1993 article in *Judicature*, a legal journal, that found that women judges reached different conclusions from men in employment-discrimination cases but not in obscenity or criminal cases. The claim that gender makes a difference in some categories of cases is widely accepted today, but academic theorizing about women's essential differences still remains hotly debated.

When Sotomayor gave her speech in 2001 at California's Berkeley School of Law, "A Latina Judge's Voice," she added "people of color" to the earlier passages that focused on gender. "I wonder whether by ignoring our differences as women or men of color we do a disservice to the law and society," she wrote in a 2002 article based on the talk. And yet it is hard to portray her speeches as those of someone committed to the view that all women and minority judges have essentially different perspectives than white male judges. "No one person, judge or nominee will speak in a female or people-of-color voice," Sotomayor said in her "wise Latina woman" speech, citing Justice Clar-

GANT V. WALLINGFORD BOARD OF EDUCATION

A majority of the court dismissed a suit filed on behalf of a black 6-year-old whose family claimed that school officials had discriminated against him by demoting him from first grade to kindergarten.

Sotomayor filed a partial dissent, arguing that a "jury reasonably could conclude that the school did not give the black student an equal chance to succeed (or fail)." She added that the student was "entitled to an equal opportunity to learn, and failing that a full hearing in court."

A record of moderation

In her 226 published majority opinions and 19 dissenting opinions, Sotomayor has tilted toward the left on immigration and gender cases but sided with conservatives on criminal matters

Criminal Cases



Immigration, Gender and Other Civil Rights Cases



Race Cases



Decisions



ence Thomas as representing a "part but not the whole of the African-American thought on many subjects." In other speeches, she has emphasized that her view of justice requires understanding the different perspectives of the clashing parties rather than imposing her individual perspective. In a public-service dinner at Columbia Law School in 1999, she said, "I am learning that to begin thinking about justice, you must constantly step out of the role you are in and not just listen to your adversaries but learn to respect and appreciate their perspectives." She added that prosecutors, defense attorneys and civil attorneys should appreciate one another's roles and practice in a fair and procedurally correct way.

Sotomayor does not appear to be a crusader for radical change. She has always sought change from within the system rather than fundamentally challenging its premises. As a student at Princeton, she co-chaired a Puerto Rican student or- ganization and filed a complaint with the Equal Employment Opportunity Commission about Princeton's affirmative-action

failures, leading to the hiring of the first Hispanic dean of students. But she acted in such a constructive way that William Bowen, then university president, helped select her for the Pyne Prize, the highest honor Princeton bestows on undergraduates. Sotomayor's experiences as an outsider in an Ivy League world seem to have made her pragmatic rather than rigid, leading her to thrive within the Establishment even as she sought to improve it.

Moderate on the Bench

ALTHOUGH SOTOMAYOR'S SPEECHES RAISE legitimate questions about her views on essential race and gender differences, the best evidence that she is no radical multiculturalist in the courtroom is found in her judicial opinions. Here she appears to be an incrementalist rather than a radical of any stripe. In a survey of Sotomayor's 226 majority opinions, Stefanie Lindquist, a law professor at the University of Texas at Austin, found that only 38% could clearly be characterized as liberal, while 49% could clearly be considered conservative. When the criminal cases (in which appellate judges are encouraged by Supreme Court precedent to be relatively pro-prosecution) are taken out of the mix, Sotomayor's record looks about 46% liberal and 36% conservative.

On civil rights cases—including race, gender and immigration appeals—Sotomayor tilts more to the left; Lindquist characterized her majority opinions as 54% liberal and 46% conservative. But when you break out the seven majority opinions involving race, only three rule in favor of the discrimination plaintiffs. It's in the immigration and gender cases that Sotomayor shows clearer signs of liberal leanings: out of 28 majority opinions in immigration cases, Sotomayor decided in favor of the immigrant in 17, or 61%. And in four gender cases, involving sex discrimination and sexual harassment, she decided in favor of the plaintiff all four times.

But it's in dissents rather than in majority opinions that appellate judges often reveal their true feelings. Of Sotomayor's 19 published dissents, only three dealt clearly with racial issues, and they pointed in different directions. In a 1999 case, *Gant v. Wallingford Board of Education*, Sotomayor would have allowed a 6-year-old African-American student to challenge as racial discrimination his school's decision to demote him from first grade to kindergarten. In *Pappas v. Giuliani* (2002), Sotomayor would have held that the New York City police department may have violated the First Amendment when it fired a police officer for his racist, anonymous speech. And in *Hayden v. Pataki* (2006), Sotomayor said that a New York State law barring felons from voting violated the

federal Voting Rights Act. Sotomayor does not appear to be an outlier in race cases, although she seems to have no overarching theory about how to decide them. For that reason, she seems unlikely, in the short term, to affect the balance on the Roberts Court in cases involving race. At the moment, the court is divided among four color-blind conservatives who are suspicious of affirmative action, four liberals who are sympathetic to it, and Anthony Kennedy, who is skeptical of racial classifications but reluctant to strike all of them down, in the middle. On most cases, Sotomayor can be expected to assume David Souter's current spot as the fourth member of the liberal bloc.

Future Fault Lines

BUT SOTOMAYOR'S UNIQUE BACKGROUND and views about race and gender are likely to become more important over time. In coming years, there may well be challenges to the death penalty, for example, on the grounds that it is imposed in a racially discriminatory way. The court rejected that claim in 1987, but Sotomayor might be sympathetic to it. In 1981, as a member of the board of directors of the Puerto Rican Legal Defense and Education Fund, she was part of a committee that recommended that the fund oppose the reinstatement of the death penalty in New York State on the grounds that "capital punishment is associated with evident racism in our society."

Sotomayor's more liberal inclinations in immigration cases may also make a difference on a court that will increasingly have to wrestle with legal distinctions in the U.S. between citizens and aliens. As Obama disappoints civil libertarians by reaffirming aspects of President Bush's anti-terrorism policies—including the claim that terrorism detainees held by U.S. forces in Afghanistan have no legal right to challenge their detention in U.S. courts—some of these policies may reach the Supreme Court. Sotomayor could prove skeptical of the claim often made by the government that the rights of aliens differ sharply from the rights of citizens in the war on terrorism and in other cases.

If Sotomayor is confirmed, as expected, the only thing one can confidently predict is that the cases involving race and diversity that she will confront are very different from the ones we are thinking about today. In that sense, the evolution of Sotomayor's thinking in the years ahead may be more consequential than what she has said in her past. ■

Rosen, a law professor at George Washington University, is the author of *The Supreme Court: The Personalities and Rivalries That Defined America*

Riding Herd On a Bailout

Bankers fear her. Treasury officials hate her. Can Elizabeth Warren really keep track of how \$700 billion in taxpayer money is being spent?

BY SHEELAH KOLHATKAR

DON'T LET MY POLITENESS FOOL you," says Elizabeth Warren. The Harvard Law professor and head of the congressional panel monitoring the bank bailout had just finished a hearing in New York City and was nibbling at a dish of pasta with zucchini. "I can't think of anyone I'm afraid of," she adds. "Certainly not someone who may have had a hand in bringing this country to the brink of disaster."

Warren, 59, is exceedingly polite. She has strong opinions, but she often expresses them in a whisper-soft voice. She tends to say "Does that make sense?" in her Oklahoma drawl right after she finishes answering a question. During the hearing, which was focused on the federal bailout program's effect on corporate and commercial real estate lending, Warren gingerly tapped her gavel from the dais. "The hearing of the Congressional Oversight Panel will now come to order," she said a bit hesitantly.

As part of her new job, this well-mannered career academic has to bully some of the world's most powerful men. Shortly after Congress passed the Emergency Economic Stabilization Act last October, Warren was appointed by Senate Democrats to do one of the most difficult, or perhaps impossible, jobs in Washington: chairing a bipartisan panel tasked with scrutinizing how the Treasury Department—first George W. Bush's,

now Barack Obama's—is spending the \$700 billion in federal money intended in large part to shore up failing banks. The role has Warren monitoring the decisions of Treasury Secretary Timothy Geithner, Federal Reserve Chairman Ben Bernanke and the big-bank CEOs who have taken taxpayer money to clean up companies' balance sheets. If Warren's journey from Harvard to the center of the emergency financial-rescue effort were a movie, it could be called *Out of the Library and into the Snake Pit*.

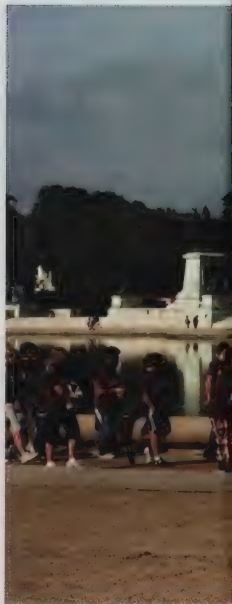
Her appointment raises a number of questions, including whether someone like Warren can compel staffers at the Treasury Department to hand over sensitive data—the crux of her job. The bonus scandal at AIG, the former insurance giant that is now a ward of the Federal Government, was a strong indication that some of those responsible for dispensing funds from the Troubled Asset Relief Program (TARP) lost track of the cash. Which raises a more philosophical point: Is it even possible to know where the money is going? And if so, is Warren, a Washington outsider who's still feeling her way around a strange new landscape, the right person to figure it out?

Follow the Money

IF THE QUESTION HINGES ON WHETHER Warren can say exactly how TARP money has been spent so far, then the answer is probably no—but then that may be an un-

realistic goal. The eight monthly reports released by the oversight panel to date spend almost more time talking about what isn't known than about what is. They repeatedly assert that the Treasury Department and the Federal Reserve should be more forthcoming.

The panel has been plagued by controversy, which has also hampered its effectiveness. Its two Republican members complain that the panel has drifted away from its core mission under Warren's leadership and spends too much time editorializing on the plight of middle-class families,



Tracking TARP

Treasury has spent billions to refloat the economy. Where the money has gone so far

Banks
\$270 billion

New Initiatives
\$124 billion



the focus of Warren's academic research. Her relationship with Treasury has been rocky. She got into a low-level war with former Treasury Secretary Henry Paulson and his staff over their perceived unwillingness to share information, and she had a shaky start with Geithner, who didn't seem to take the panel seriously at first. In an "Additional View" filed with the panel's June report, Republican panel member Jeb Hensarling wrote, "By choosing to focus much of its work on issues not central to our mandate the panel has missed critical opportunities to provide effective oversight."

From Cambridge to Congress Warren, a Harvard Law professor, was chosen by Senate Democrats to head the oversight panel in part because she is a Washington outsider

From a public relations perspective, though, Warren has been a success. She has taken to the spotlight like a seal to water and has smoothly made the cable-TV rounds to chide the close-knit club that determined financial policy in the past. She argues that now, finally, taxpayers "have a seat at the table." If this sounds like advocacy, that might be exactly what

Democratic Party bosses had in mind when they selected her. Since a special inspector general was also appointed to investigate Treasury's actions, Warren's oversight panel was left with little actual power. But it performs a much more public function. Though some of the panel's reports have been less than revelatory, there have been some worthy and newsmaking insights, like the suggestion that for every \$100 Paulson spent buying stakes in troubled banks, the government received assets worth only \$66. The panel's most recent report, released June 9, concludes that

**Public-Private
Investment Program**
\$100 billion

**Automakers
And Suppliers**
\$85 billion

AIG
\$70 billion

**Consumer and
Business Lending
Initiative**
\$70 billion

Homeowners
\$50 billion

The Big TARP Riddles.

Three questions for Warren's panel



1 Is TARP helping revive the economy?

The first \$350 billion, released in October, may have prevented a total meltdown. The second, released in January, propped up homeowners, automakers and AIG. Says economist Mark Zandi: "Without [TARP] we would have seen a more complete collapse of the financial system."



2 Does the government know how the money is being spent?

Yes and no. The first \$200 billion or so disappeared into the banks. The money improved their balance sheets, but most banks refused to reveal how they used the cash. TARP funds that went to automakers, consumer loans and mortgage modifications are easier to track.



3 Will the TARP money ever be repaid?

Again, yes and no. Some of it is being returned. Treasury announced that 10 large banks, including **Goldman Sachs**, JPMorgan Chase and American Express, will repay \$68 billion in coming days. Billions more given to such companies as AIG and GM may never be recouped.

the government's "stress tests" of banks should be repeated under more stringent conditions in the future.

In recent days, 10 top banks have begun to repay some \$68 billion in TARP funds. According to Warren, knowing exactly what happened to money spent under TARP is less important than simply keeping the pressure on. "We certainly haven't achieved perfect transparency," she says.

When asked whether it was even possible to determine what happened to all the money Congress rushed last fall to financial institutions, she said, "It's a wonderful irony, isn't it? Once Paulson gave this money away on a no-strings basis, it became effectively impossible to trace it." But, she says, it won't happen again: "It's a \$300 billion mistake that we will not repeat."

Warren's concern for the middle class is the prism through which she sees every economic indicator. It is also the driving force behind her work with the oversight panel. The first two reports it issued, in December and January, criticized Paulson's department for its lack of transparency and argued that its policies were doing little to help reduce home foreclosures or alleviate stress on families. Even if accurate, those early pronouncements did not help to pave the way to a functional working relationship between Warren and the people she was supposed to oversee. Former Treasury officials seem to despise her and complain that Warren is only trying to advance her own agenda by using the panel for—*gasp!*—social good. "When a person in that position doesn't really try

to reach out and communicate and then goes out and gives interviews, it becomes clear this is going to be an antagonistic relationship," says a former Treasury official. "She's coming at this in terms of a gotcha approach."

Warren's dealings with Geithner hit some bumps early on too. After he took office, the panel requested for months that Geithner testify before it; he ignored the request at first but eventually relented. "The most generous interpretation would be that he was staggeringly

'I'm not looking over my shoulder. I'm here to do what I think is right.'

—WARREN, ON HER ROLE AS HEAD OF THE CONGRESSIONAL OVERSIGHT PANEL

busy, and to be well prepared for a hearing takes time," Warren says of Geithner, who testified in April. "The less generous interpretation would be that ... we were not on the best of terms." She insists that things are now going more smoothly.

When asked what the biggest challenge is, in terms of getting important data, former New Hampshire Senator John Sununu, the second Republican on the panel, pauses for a long time. "Working with Treasury is like working with any other government entity," he says. "If you're talking to the right person and have a good relationship with them, you can get access to information in a timely way. If you're not successful at making your request a priority for them, it may take a while."

Mrs. Smith Goes to Washington

WARREN IS AN UNLIKELY CHOICE to head the oversight panel, not least because of her lack of familiarity with Washington parlor games. Her academic specialty is bankruptcy law, especially as it pertains to the American middle class. She emerged on the public stage in 2003, when she published the book *The Two-Income Trap: Why Middle-Class Parents Are Going Broke*, co-authored with her daughter. The book argues that women and middle-class couples were driving themselves to ruin trying to buy houses in good public-school districts: "Having a child is now the single best predictor that a woman will end up in financial collapse."

The ensuing media frenzy led to Warren's testifying a few times on Capitol Hill, where she caught the eye of Senate majority leader Harry Reid. When asked how she ended up on Reid's short list, Warren says, "I took away from the conversation that my presence was about American families having a stake in the outcome of these powerful decisions that are being made. So I've never apologized for caring about and raising issues that relate directly to them."

As Washington debates how to reshape the regulatory system to prevent economic shocks in the future, Warren hopes to see some of her ideas translate into policy changes. And she vows to continue as long as Congress will have her. "I'm not hanging on to this job. I'm here at the pleasure of the Senate that appointed me," she says. "But having said that, I'm not looking over my shoulder. I'm here to do what I think is right." ■

Talk to your doctor.

Adding ABILIFY

to an antidepressant such as one of these* can help
treat unresolved symptoms of depression.



Approximately 2 out of 3 people being treated for depression still have unresolved symptoms.

Ask your doctor about the option of adding ABILIFY to your current antidepressant.

ABILIFY is FDA-approved to treat depression in adults when added to an antidepressant.

*Or generic equivalents where available.

IMPORTANT SAFETY INFORMATION:

Elderly patients with dementia-related psychosis (eg, an inability to perform daily activities due to increased memory loss) taking ABILIFY have an increased risk of death or stroke. ABILIFY is not approved for treating these patients.

Antidepressants can increase suicidal thoughts and behaviors in children, teens, and young adults. Serious mental illnesses are themselves associated with an increase in the risk of suicide. When taking ABILIFY call your doctor right away if you have new or worsening depression symptoms, unusual changes in behavior, or thoughts of suicide. Patients and their caregivers should be especially observant within the first few months of treatment or after a change in dose. Approved only for adults 18 and over with depression.

- Alert your doctor if you develop very high fever, rigid muscles, shaking, confusion, sweating, or increased heart rate and blood pressure, as these may be signs of a rare but potentially fatal condition called neuroleptic malignant syndrome (NMS)
- If you develop abnormal or uncontrollable facial movements, notify your doctor, as these may be signs of tardive dyskinesia (TD), which could become permanent
- If you have diabetes or have risk factors or symptoms of diabetes, your blood sugar should be monitored. High blood sugar has been reported with ABILIFY and medicines like it. In some cases, extreme high blood sugar can lead to coma or death
- Other risks may include lightheadedness upon standing, seizures, trouble swallowing, or impairment in judgment or motor skills. Until you know how ABILIFY affects you, you should not drive or operate machinery

The common side effects in adults in clinical trials ($\geq 10\%$) include nausea, vomiting, constipation, headache, dizziness, an inner sense of restlessness or need to move (akathisia), anxiety, and insomnia. Tell your doctor about all the medicines you're taking, since there are some risks for drug interactions. You should avoid alcohol while taking ABILIFY.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please read the Important Information about ABILIFY on the adjacent page.

*Lexapro® (escitalopram oxalate), Zoloft® (sertraline HCl), Prozac® (fluoxetine hydrochloride), Effexor XR® (venlafaxine HCl), Paxil CR® (paroxetine HCl) are trademarks of their respective companies.



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IMPORTANT INFORMATION ABOUT ABILIFY

This summary of the Package Insert contains risk and safety information for patients about ABILIFY. This summary does not include all information about ABILIFY and does not take the place of discussions with your healthcare professional about your treatment. Please read this important information before you start taking ABILIFY and discuss any questions about ABILIFY with your healthcare professional.

Name

ABILIFY® (a-BIL-i-fi) (aripiprazole) (air-ri-PIP-rah-zoll)

What is ABILIFY?

ABILIFY (aripiprazole) is a prescription medicine used as an add-on treatment to antidepressants for Major Depressive Disorder in adults.

What is depression?

Depression is a common but serious medical condition. Symptoms may include sadness, loss of interest in activities you once enjoyed, loss of energy, difficulty concentrating or making decisions, feelings of worthlessness or excessive guilt, insomnia or excessive sleep, a change in appetite causing weight loss or gain, or thoughts of death or suicide. These could be depression symptoms if they interfere with daily life at home, at work, or with friends and last most of the day, nearly every day for at least 2 weeks.

What is the most important information that I should know about antidepressant medicines, depression, and other serious mental illnesses?

- Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults
- Depression and serious mental illnesses are the most important causes of suicidal thoughts and actions

For more information, see the Prescribing Information and the Medication Guide called *Antidepressant Medicines, Depression and Other Serious Mental Illnesses, and Suicidal Thoughts or Actions*.

Who should NOT take ABILIFY?

People who are allergic to ABILIFY or to any substance that is in it. Allergic reactions have ranged from rash, hives and itching to difficulty breathing and swelling of the face, lips, or tongue. Please talk with your healthcare professional.

What is the most important information that I should know about ABILIFY?

Elderly patients, diagnosed with psychosis as a result of dementia (for example, an inability to perform daily activities as a result of increased memory loss), and who are treated with antipsychotic medicines including ABILIFY, are at an increased risk of death when compared to patients who are treated with a placebo (sugar pill). ABILIFY is not approved for the treatment of patients with dementia-related psychosis.

Antidepressants may increase suicidal thoughts or behaviors in some children, teenagers, and young adults, especially within the first few months of treatment or when the dose is changed. Depression and other serious mental illnesses are themselves associated with an increase in the risk of suicide. Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, unusual changes in behavior, or thoughts of suicide. Such symptoms should be reported to the patient's healthcare professional right away, especially if they are severe or occur suddenly. ABILIFY is not approved for use in pediatric patients with depression.

Serious side effects can occur with any antipsychotic medicine, including ABILIFY. Tell your healthcare professional right away if you have any conditions or side effects, including the following:

Stroke or ministroke in elderly patients with dementia: An increased risk of stroke and ministroke has been reported in clinical studies of elderly patients with dementia (for example, increased memory loss and inability to perform daily activities). ABILIFY is not approved for treating patients with dementia.

Neuroleptic malignant syndrome (NMS): Very high fever, rigid muscles, shaking, confusion, sweating, or increased heart rate and blood pressure may be signs of NMS, a rare but serious side effect that could be fatal.

Tardive dyskinesia (TD): Abnormal or uncontrollable movements of face, tongue, or other parts of body may be signs of a serious condition known as TD, which may be permanent.

High blood sugar and diabetes: Patients with diabetes and those having risk factors for diabetes (for example, obesity, family history of diabetes), as well as those with symptoms such as unexpected increases in thirst, urination, or hunger should have their blood sugar levels checked before and during treatment. Increases in blood sugar levels (hyperglycemia), in some cases severe and associated with coma or death, have been reported in patients taking ABILIFY, and medicines like it.

Orthostatic hypotension: Lightheadedness or faintness caused by a sudden change in heart rate and blood pressure when rising too quickly from a sitting or lying position (orthostatic hypotension) has been reported with ABILIFY.

Suicidal thoughts: If you have suicidal thoughts, you should tell your healthcare professional right away.

Dysphagia: Medicines like ABILIFY have been associated with swallowing problems (dysphagia). If you had or have swallowing problems, you should tell your healthcare professional.

What should I talk to my healthcare provider about?

Patients and their families or caregivers should watch for new or worsening depression symptoms, unusual changes in behavior and thoughts of suicide, as well as for anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant within the first few months of antidepressant treatment or whenever there is a change in dose.

Tell your healthcare provider about any medical conditions you may have and all medicines that you are taking or plan to take, including prescription and nonprescription (over-the-counter) medicines.

Be sure to tell your healthcare provider:

- If you have suicidal thoughts
- If you or anyone in your family have or had seizures
- If you or anyone in your family have or had high blood sugar or diabetes
- If you are pregnant, plan to become pregnant, or are breast-feeding

What should I avoid when taking ABILIFY (aripiprazole)?

- Avoid overheating and dehydration
- Avoid driving or operating hazardous machinery until you know how ABILIFY affects you
- Avoid drinking alcohol
- Avoid breast-feeding an infant

What are the possible side effects of ABILIFY?

Common side effects in adults include: nausea, vomiting, constipation, headache, dizziness, an inner sense of restlessness or need to move (akathisia), anxiety and insomnia.

It is important to contact your healthcare professional if you experience prolonged, abnormal muscle spasms or contraction which may be signs of a condition called dystonia.

What percentage of people stopped taking ABILIFY due to side effects?

In clinical trials, the percentage of adults who discontinued taking ABILIFY due to side effects was ABILIFY (6%) and for patients treated with sugar pill (2%).

Can I safely take ABILIFY while I'm taking other medications?

ABILIFY can be taken with most drugs; however, taking ABILIFY with some medicines may require your healthcare professional to adjust the dosage of ABILIFY.

Some medicines* include:

- ketoneconazole (NIZORAL®)
- quindine (QUINIDEX®)
- fluoxetine (PROZAC®)
- paroxetine (PAXIL®)
- carbamazepine (TEGRETOL®)

It is important to tell your healthcare professional about all the medicines you're taking, just to be sure.

General advice about ABILIFY:

- ABILIFY is usually taken once a day, with or without food
- ABILIFY should be kept out of the reach of children and pets
- Store ABILIFY Tablets and the Oral Solution at room temperature
- For patients who must limit their sugar intake, be aware that ABILIFY Oral Solution contains sugar
- For patients who cannot metabolize phenylalanine (those with phenylketonuria or PKU), ABILIFY DISCMLT® contains phenylalanine
- If you have additional questions, talk to your healthcare professional

Find out more about ABILIFY:

Additional information can be found at www.abilify.com

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The Ice Age Cometh

Numbers don't lie. Unless Republicans overhaul their message, the losses will continue

DESPAIRING REPUBLICAN FRIENDS HAVE been asking me what I think we should do to rebuild the GOP and begin our certain and inevitable comeback. My answer disappoints them: "Build an ark."

I say this because I've made a career out of counting votes, and the numbers tell a clear story; the demographics of America are changing in a way that is deadly for the Republican Party as it exists today. A GOP ice age is on the way.

Demographic change is irritating to politicians, since it works on elections much as rigged dice do on a Las Vegas craps table: it is a game changer. For years, Republicans won elections because the country was chock-full of white middle-class voters who mostly pulled the GOP lever on Election Day. Today, however, that formula is no longer enough.

It was a huge shock to the GOP when Barack Obama won Republican Indiana last year. The bigger news was how he did it. *Latino* voters delivered the state. Exit polls showed that they provided Obama with a margin of more than 58,000 votes in a state he carried by a slim 26,000 votes. That's right, GOP, you've entered a brave new world ruled by Latino Hoo-siers, and you're losing.

In 1980, Latino voters cast about 2% of all votes. Last year it was 9%, and Obama won that Hispanic vote with a crushing 35-point margin. By 2030, the Latino share of the vote is likely to double. In Texas, the crucial buckle for the GOP's Electoral College belt, the No. 1 name for new male babies—many of whom will vote one day—is Jose. Young voters are

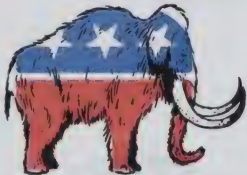
another huge GOP problem. Obama won voters under 30 by a record 33 points. And the young voters of today, while certainly capable of changing their minds, do become *all* voters tomorrow.

Rather than face up to all this, too many in the GOP are stuck in a swoon of nostalgia. Most of our party leaders come from blooded GOP states or safe districts, so they are far more at home in the tribal politics of Republican primaries than in those of the country as a whole. You could

is more socially libertarian, particularly toward gay rights. With changing demographics come changing attitudes, and aping the grim town elders from *Footloose* is not the path back to a Republican White House. The pro-life movement can still be a central part of the GOP—it has support among all ages (and a slim majority of Latino voters)—but the overall GOP view on abortion must aggressively embrace the big tent.

Latinos need to see a quick end to the

Republican congressional jihad on immigration. That shouldn't be a hard lesson for the GOP to learn; every 2008 presidential primary candidate who went for the cheap applause of the anti-immigration right couldn't win even the Iowa caucus, let alone the nomination. Instead, the GOP should support practical immigration reform that includes a path to citizenship. Republicans should differentiate themselves from the left by heat-



say their radio dials are stuck on AM. The result is we hear a lot about going back to "the winning ways of Ronald Reagan." Well, I love Reagan too. But demographics no longer do. In 1980, Reagan beat Jimmy Carter by 10 points. If that contest were held again today, under the current demographics of the electorate per exit polls, the election would be much closer, with Reagan probably winning by about 3 points.

It is true that attitudes change. A magnificent Republican renewal may still be possible. Conservatism is traditionally energized by a reaction to liberal excess, and the unabashedly leftist tilt of the Obama Administration's domestic agenda does give hope. But demography is a powerful force. Waiting and hoping didn't do much for the Whigs. I prefer a Republican reformation right now.

Young voters need to see a GOP that

ing up the lukewarm American melting pot with a firm insistence on learning English and a rejection of the silly excesses of identity politics. A smart GOP would be deeply in the microloan and free-English-lessons business in immigrant communities. Illegal immigrants can't vote. Their children will.

Much of this is still heresy to the party as it stands now. Many will support an alternative strategy: stand pat, fight it out on fiscal issues on which the GOP has strong support and exploit liberal-Democrat excess. In the short term, that could work, but eventually the demographics will win out. Saving the GOP is not about diluting conservatism but about modernizing it to reflect the country it inhabits instead of an America that no longer exists. ■

Murphy is a GOP political consultant and writer. He Tweets at [murphymike](#)

Saving the GOP is not about diluting conservatism but about modernizing it to reflect the country it inhabits instead of an America that no longer exists

The Myth Of the Rational Market

In 1929, a prominent economist convinced himself that financial markets knew best—and never lived it down. Decades on, scholars, investors and officials repeated the same mistake. The story of why a seductive idea keeps leading us to disaster

BY JUSTIN FOX

IRVING FISHER LIVES ON IN AMERICAN economic history mainly as a laughingstock. He was, after all, the ninny who declared on Oct. 15, 1929, that stock prices had reached "what looks like a permanently high plateau." Two weeks later, stocks plunged off that plateau—not to return to their 1929 level for a quarter-century.

There was more to Fisher than those infamous words. The longtime Yale professor was a successful entrepreneur (he devised and marketed a precursor to the Rolodex), the author of a best-selling textbook on personal hygiene, one of the most prominent backers of Prohibition and a leading eugenicist (that is, he believed the human race could be improved through the weeding out of "degenerates").

More to the point, Fisher was the country's first great economist, a pioneer of the mathematical approach that came to dominate the discipline after his death. Fisher saw the behavior of the market in rational, mathematical terms. He wasn't completely doctrinaire about this—earlier in his career, he had allowed that investors

The Path of a Powerful Idea

Irving Fisher

The Yale professor's work presaged most of modern financial economics. He was also infamously bullish on stocks in 1929—just before the Crash



Stocks fell off what Fisher had called a "permanent high plateau" in October 1929 and didn't return to that level until 1954



sometimes behaved like sheep. But in the 1920s, convinced that skilled monetary management at the Federal Reserve and the rise of new, professionally run investment trusts had reduced the riskiness of markets, he lulled himself into believing that the prices prevailing on Wall Street were a reflection of economic reality and not of investor mania or a credit bubble.

Does this sound familiar? The financial history of the past decade is replete with echoes of Fisher's colossal 1929 miscalculation. A brilliant Fed chairman was credited with banishing panics and ushering in what economists called the Great Moderation. An explosion of financial innovation was deemed to have provided investors, corporations and banks with new ways of managing risk. Prices of stocks, houses and other assets rose to levels that were high by historical standards—but who was to say the market was wrong in fixing those high values?

In the 1990s and 2000s, in fact, this myth of the rational market was embraced with a fervor that even Irving Fisher never mustered. Financial markets knew best, the thinking went. They spread risk. They gathered and dispersed information. They regulated global economic affairs with a swiftness and decisiveness that governments couldn't match. And then, as debt markets began to freeze up in 2007, suddenly markets didn't do any of these things. "The whole intellectual edifice collapsed in the summer of last year," former Fed chairman Alan Greenspan said at a congressional hearing in October.

Well, maybe not the *whole* edifice. For all its flaws, Fisher's economic approach delivered genuinely important insights.

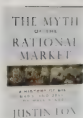
Milton Friedman

Free-market champion and early adopter of statistical, mathematical techniques in economics, left. Called Fisher his "favorite economist." He didn't believe financial markets were perfectly rational—just more rational than governments

He proposed in 1911 that the government issue inflation-linked bonds; in 1997, the Treasury Department finally got around to doing so. If anybody in power in Washington had been willing to follow his advice in 1930 or '31 (which essentially amounted to "Print more money"), the Great Depression might not have been so great. For the past two years, the Federal Reserve has been working right out of the Fisher playbook, and while the results haven't been perfect, they've been a lot better than those of the early 1930s. The economics that Fisher espoused—reborn after his death in 1947—should not be discarded. But clearly, there are some issues with it.

FISHER FELL ON HARD TIMES AFTER THE 1929 crash—getting by thanks only to the generosity of a wealthy sister-in-law and his employer, Yale—and so did the myth of the rational market. For a few decades, financial markets were seen as unruly beasts that had to be tamed with tight regulation to help protect the hard-earned savings of regular Americans. But memories of the 1930s eventually faded, and in the 1950s, the idea that markets knew best began its comeback. This was part ideological reaction to the antimarket conventions of the day, part scientific progress. It was the combination of the two, in fact, that made the idea so powerful.

A key figure in the revival was the University of Chicago's Milton Friedman—and his libertarian ideological bent was certainly a factor. Friedman never believed markets were perfectly rational, but he



Based on Fox's book **The Myth of the Rational Market**, published this month by HarperBusiness

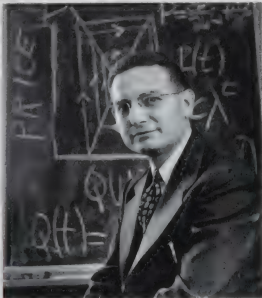
thought they were more rational than governments. Friedman saw the Depression as the product of a Fed screwup—not a market disaster—and convinced himself and other economists (without much evidence) that speculators tended to stabilize markets rather than unbalance them.

But Friedman was a scientist too. During World War II, he used his mathematical and statistical skills to help determine the optimal degree of fragmentation of artillery shells. Officers flew

back to the U.S. in the middle of the Battle of the Bulge to get his advice on the trade-off between the likelihood of hitting the target (the more fragments, the better) and the likelihood of doing serious damage (the fewer and bigger the fragments, the better).

Emboldened by this work, economists began to apply their number-crunching skills to the postwar market. Chicago graduate student Harry Markowitz devised a model for picking stocks that was, in Friedman's estimation, "identical" to his artillery-shell fragmentation trade-off. And in the late 1950s, scholars at Chicago and the Massachusetts Institute of Technology became enamored of the idea that stock-market movements were, like many physical phenomena, random.

The two strands of statistics and pro-market ideology came together in the mid-1960s. It was the great MIT economist Paul Samuelson who made the case mathematically that a rational market would be a random one. But Samuelson didn't share Friedman's political views, and he never



Paul Samuelson

MIT mathematical economic titan and avid investor, left, who showed that a rational market would be a random one. Samuelson did not believe this meant actual markets were actually rational, though

Eugene Fama

Chicago finance professor, below, who in 1969 defined just what an "efficient market" would be: A market in which prices "fully reflect" all available information

After defining an efficient market, Fama and others tested the U.S. stock market in the 1970s and found that it mostly made the grade. When they revisited it in the early 1990s, though, the results weren't so reassuring.



Economists were emboldened by work they had done during World War II using statistics and math to make artillery shells more effective. In the midst of the Battle of the Bulge, Army officers returned to the U.S. to get Friedman's advice

claimed that actual markets met this ideal. It was at Chicago that a group of students and young faculty members influenced by Friedman's ideas began to make the case that the U.S. stock market, at least, was what they called "efficient."

Their evidence? Mutual-fund managers failed as a group to outsmart the market, and studies showed that new information was quickly incorporated into prices. Eugene Fama, a young professor at Chicago's business school, tied all this together in 1969 into what he dubbed the efficient-market hypothesis. "A market in which prices always 'fully reflect' available information is called 'efficient,'" he wrote—and the evidence that such conditions prevailed in the U.S. stock market was "extensive, and (somewhat uniquely in economics) contradictory evidence is sparse."

Upon that basis, economists and finance scholars cleared the way in the 1970s for a new approach to investing and risk management that included index funds, risk-weighted portfolio allocation and mathematical models to price options and other derivatives. A lot of this was, as with Fisher's economics, useful. But a basic assumption underlying much of it—that prices were reliable reflections of economic reality—was problematic.

IT DIDN'T TAKE LONG FOR A NEW GENERATION of scholars, many with roots at Samuelson's MIT, to start pointing out the problems. Samuelson protégé Joseph Stiglitz showed that a perfectly efficient market was impossible, because in such a market, nobody would have any incentive to gather the information needed to make markets efficient. Another Samuelson student, Robert Shiller, documented

that stock prices jumped around a lot more than corporate fundamentals did. Samuelson's nephew Lawrence Summers demonstrated that it was impossible (without a thousand years of data) to tell a rationally random market from an irrational one.

Shiller and Summers in particular came to revel in tweaking the rational-market establishment. Shiller declared in 1984 that the logical leap from observing that markets were unpredictable to concluding that prices were right was

It was impossible (without a thousand years of data) to tell a rationally random market from an irrational one

"one of the most remarkable errors in the history of economic thought." Summers described how financial markets were often dominated by "idiots" (he later dubbed them "noise traders" and co-authored a series of academic papers showing how their errors could move prices) and lamented at the 1984 meeting of the American Finance Association that "virtually no mainstream research in the field of finance in the past decade has attempted to account for the stock-market boom of the 1960s or the spectacular decline in real stock prices during the mid-1970s."

The 1987 stock-market crash gave Shiller and Summers all the ammunition they needed. "If anyone did seriously believe that price movements are determined by changes in information about economic

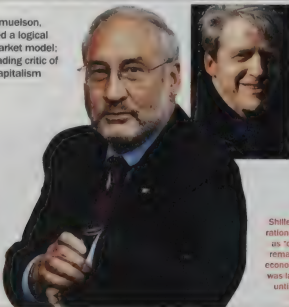
fundamentals," Summers said just after the crash, "they've got to be disabused of that notion by Monday's 500-point movement." The crash also demonstrated that prices didn't follow the statistical model of a random walk—if they did, a 20% one-day market drop like that of 1987 should happen only once in billions upon billions of years.

Subsequent years saw more challenges to the core assumptions of the rational market. Even Fama retested his 1969 efficient-market hypothesis and found it wanting. But the strong performance of the U.S. stock market and economy tended to silence doubts about the wisdom of the market both on campus and where it really mattered—in Washington and on Wall Street. Shiller warned repeatedly of irrational exuberance in stocks in the late 1990s and in housing in the early 2000s. He was largely ignored both times—until he turned out to be right. Unwillingness to countenance the possibility that market prices might be wildly wrong defined the behavior of regulators, corporate executives and most Wall Streeters during both the tech-stock and real estate bubbles.

THE ISSUE ISN'T WHETHER FINANCIAL MARKETS are useful—they are—or whether the prices of stocks or bonds or collateralized debt obligations convey information—they do. There's also much to be said for the insight at the heart of efficient-market theory: markets are hard to outsmart. But when we give up second-guessing the market, we suspend our judgment. And without participants' exercising judgment—applying research, heeding a broker's opinion—markets stand no chance of ever getting prices right.

Joseph Stiglitz

A student of MIT's Samuelson, Stiglitz, right, identified a logical flaw in the rational-market model: he went on to be a leading critic of finance-dominated capitalism



Robert Shiller

Another Samuelson student, Shiller, left, showed that markets are too volatile to be rational. He predicted the stock and real estate busts



Larry Summers

Summers's nephew, right, was a fierce critic of rational-market theory in the 1980s, then a financial-market defender at Treasury in the 1990s



Shiller dismissed the rational-market theory as "one of the most remarkable errors of economic thought" but was largely ignored—until he turned out to be right

Samuelson's progeny (Stiglitz, Shiller, Summers) became outspoken critics of the notion that financial markets know best



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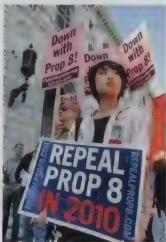
The Storm Over the Mormons

From politics to pop culture, the Church of Latter-day Saints is now a mainstream force. But the church's high-stakes campaign against gay marriage has made it a target. A look at what Mormons believe

BY DAVID VAN BIEMA

LAST NOVEMBER, JAY PIMENTEL began hearing that people in his neighborhood were receiving letters about him. Pimentel lives in Alameda, Calif., a small, liberal-leaning community hanging off Oakland into the San Francisco Bay. Pimentel, who is a Mormon, had supported Proposition 8, the ballot initiative banning same-sex marriage. And that made him a target. "Dear Neighbor," the letter began, "Our neighbors, Colleen and Jay Pimentel"—and it gave their address—"contributed \$1,500.00 to the Yes on Proposition 8 campaign. NEIGHBORS SHOULD BE AWARE OF THEIR NEIGHBORS' CHOICES." The note accused the Pimentels of "obsessing about same-sex marriage." It listed a variety of local causes that recipients should support—"unlike the Pimentels."

Pimentel, a lawyer and a lay leader in the small Mormon congregation in Alameda, is markedly even-keeled. Yet the poison-pen note still steams him, even though in May the California Supreme Court validated Prop 8 as constitutional. He is bothered less by the revelation of his monetary contribution, which he stands by, than the fact that the letter's author didn't bother to find out that every other Saturday for 15 years, he or



Challenge If gay-rights activists succeed in forcing a California rematch on gay marriage, the LDS must decide on its role



Family and Community

See a photographic album of the church's Alameda ward at time.com/mormons

someone else from Alameda's 184-member Mormon ward has delivered a truckload of hot meals to the Midway Shelter for Abused and Homeless Women and Children—one of the organizations the Pimentels allegedly wouldn't support. "The church does a lot of things in the community we don't issue press releases about," he says. "And when people criticize us, we often just take it on the chin. I guess you could say I'm not satisfied with the way we're seen."

Across the country, that's the dilemma facing the Church of Jesus Christ of Latter-day Saints. With 13 million members worldwide (by its own count), the LDS is the fourth largest church in the country, the richest per capita and one of the fastest growing abroad. The body has become a mainstream force, counting among its flock political heavyweights like former Republican presidential candidate Mitt Romney and Democratic Senate majority leader Harry Reid, businesspeople like the Marriotts and entertainers like Glenn Beck and *Twilight* novelist Stephenie Meyer. The passage of Prop 8 was the church's latest display of its power: individual Mormons contributed half of the proposition's \$40 million war chest despite constituting only 2% of California's population. LDS

spokesman Michael Otterson says, "This is a moment of emergence."

But that emergence has its costs. Even as Mormons have become more prominent, they have struggled to overcome lingering prejudices and misrepresentations about the sources of their beliefs. Polls suggest that up to half of Americans would be uncomfortable with a Mormon President. And though the Prop 8 victory was a high-water mark for Mormon political advocacy, it also sparked a vicious backlash from gay-rights activists, some of whom accused Mormons of bigotry and blind religious obedience.

The LDS regards such charges as the product of ignorance. It sees itself as primarily apolitical; on issues on which it has taken a stand, the church's positions have been roughly consistent with other conservative faiths. But Mormon activism, when it occurs, does differ from the American norm in significant ways, because of both the dominating role played by LDS President and Prophet Thomas Monson and the church's remarkable electoral cohesion. After the California Supreme Court's ruling to uphold Prop 8, gay-rights groups announced their intent to return same-sex marriage to the California ballot in 2010, almost challenging the Mormons to respond. By championing the California traditional-marriage initiative so forcefully and successfully the first time, the Mormon church has stepped onto America's next big cultural battleground. But in figuring out if it should pick up the gauntlet again, the Mormons, who feel they have so much else to offer, must consider whether the issue is becoming a referendum on Mormonism itself.

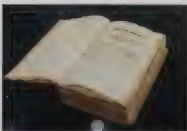
What Mormons Believe

"OUR MESSAGE FOR THE WORLD," SAYS M. Russell Ballard Jr., one of the 14 apostles just under Monson, "is that we are His children, we lived with Him before we came here ... we're striving to keep His commandments so that when we die we can be entitled to receive all the blessings that the Heavenly Father has for His children." Ballard adds emphatically, "People like to make it complex. But it's really pretty simple."

Actually, it's pretty complex. Beyond some (extremely) colorful details, there are two radical Mormon theological deviations from conventional Christianity, both of which have at least some bearing on the gay-marriage battle. The first is an expansion of the drama of salvation. In creedal Christianity, Jesus' divinity, incarnation, teachings, death and resurrection are the entire point. Mormons, too, believe in Christ as Saviour and model and are as committed as any other Christians to his emulation. But they also believe we existed prenatally as God's "spirit



Family home evening *Alaina and Brad Stewart of Alameda, Calif., and their children participate in one*



Text and Acts. The Book of Mormon and some of its consequences

Brigham Young He succeeded founder Joseph Smith and pioneered much of Mormonism's social aspect in Salt Lake City





of Mormonism's key nonritual weekly routines



In their communities
Members of the Alameda, Calif., congregation make lunch for a local shelter for abused women

children," that our earthly life is an interlude for learning and testing and that we continue developing after death. The best Mormons may become in the afterlife parents to their own batch of spirit children. "As Man is, God once was; as God is, Man may become," goes the couplet by the fifth Mormon President, Lorenzo Snow. This unusual scheme underlies Mormon sunniness, industriousness and charity. Says Jana Riess, a comparative-religions expert who converted to Mormonism and is a co-author of *Mormonism for Dummies*: "There's no other Christian theology as beautifully open to human beings' eternal potential."

Gays constitute a notable exception. Some Mormons have a conventional view of homosexuality as sin. But their marriage preference has an additional aspect. The return to God is accomplished by heterosexually founded families, not individuals, and only as a partner in a procreative relationship can a soul eventually create spirit children. "I've had personal experience with gay people, and I weep with them," says official LDS historian Marlin Jensen, but the "context for our being so dogged about preserving the family is that Mormons believe that God is their father and that they have a heavenly mother and that eventually their destiny is to become like that." The alienation felt by gay Mormons was highlighted in 2000, when one of them, 32-year-old Stuart Matis, committed suicide on the steps of the Los Altos, Calif., church headquarters.

The second politically controversial Mormon teaching is the belief in a living, breathing Prophet—in Salt Lake City. Prophets have even more authority than Popes do in Catholicism; among other things, they are able to add to Scripture. Because they make key decisions with their apostles, the model is oligarchic rather than absolute, but it still vests extraordinary in-

fluence in Monson, his two counselors and his apostles, who transmit orders downward through the Salt Lake City-based general authorities, regional stake presidents and local pastors called bishops.

Mormons bristle at the notion of "blind obedience" to the Prophet. The faith makes much of free will, and each believer divines his path privately with the help of reason, prayer and the Holy Spirit. But most often, the outcome of that process affirms the Prophet's instructions. The combination of free-will rhetoric and de facto obedience produces what Stephen Carter, editor of the independent Mormon magazine *Sunstone*, calls "people who are psychologically healthy, have a good sense of direction and who are for the most part ready to follow orders."

The Organized Mormon

RICHARD AND JOAN OSTLING, AUTHORS of *Mormon America*, calculated that pious Mormons devote an astonishing 20 hours a week to church-related activities, an expectation Richard Ostling says exists in "no other big denomination." Constant interaction through Bible study, family home evenings, Mormon scout troops and other community-building activities yield a practiced, seamless unity more common to much smaller insular groups like the Amish and ultra-Orthodox Jews.

The biggest manifestation of that unity is one of America's largest private welfare networks, a charitable wonder called the Bishop's Storehouse system that kept thousands of LDS members off the dole during the Great Depression (and is humming again). In the past, the only knock against the church's largesse was that it aided mostly Mormons: the Ostlings write that in the 14 years ending in 1997, the LDS spent a paltry \$30.7 million in cash on non-Mormon humanitarian aid. But that changed in the late '90s, and humanitarian expenditures in 2008 alone topped \$110 million (including noncash donations). "We're there when the tornadoes hit and hurricanes hit and the volcanoes explode," says Ballard. Notes Marian Sylvestre of the Bay Area Red Cross, which developed a fruitful cooperation with Pimentel: "They're quiet soldiers with plenty of resources."

It's precisely those resources, though, that have drawn the LDS into the eye of the country's biggest cultural tempest. The church embraced church-state separation in the 1800s and explicitly recognizes the right of independent-minded officeholders like Romney and Reid to make their own calls. Retail politics, however, is different. Although Salt Lake City officially rejects wading in on most issues, it makes a large exception: matters of morals, with an em-



Humanitarian aid Once scanted, Mormon efforts like the Helping Hands program after Hurricane Katrina have soared since the late 1990s

Prop 8 Some think the Mormons' embrace of "traditional family" stems from their demonization over polygamy, abandoned in 1904

phasis on gender debates. Mormon activists helped halt the Equal Rights Amendment in the 1970s and '80s and gay marriage in Hawaii (1998) and California (2000).

Prop 8 constituted a kind of perfect political storm of theology, demographics and organization. At the Alameda Meeting House last June (as at other Mormon churches statewide), a letter from Monson and his counselors advised believers to "do all you can to support the proposed constitutional amendment by donating of your means and time." A string of Protect Marriage coalition meetings followed. They never occurred on LDS property, but they were overwhelmingly Mormon in attendance and sought Mormon support. Alaina Stewart, a church member, was asked to employ a list of "who in the ward we thought could contribute. We'd call and say, 'We're asking you to give such and such an amount,'" she says.

Some declined. A senior church official had promised Mormons who disagreed on Prop 8 that "we love them and bear them no ill will." This played well in Alameda, where many LDS members ferry their children to classmates' birthday parties thrown by same-sex parents. Stewart says she intended from the start to vote yes. But she adds, "I can certainly understand why members of the gay community wanted to receive this rite. I think there were ward members on the fence, thinking, Why not give them marriage?"

But the general authorities in Salt Lake City increased the pressure. A broadcast to all churches outlined the pro-8 ground campaign, with titles like "Thirty People in Each Ward" and "More than Four Hours per Week." Craig Teuscher, the Alameda ward's regional stake president, reiterated in church the seriousness of Monson's request to congregants.

The new push for the proposition had a rational side: the church claimed that the legalization of gay marriage would threaten its tax-exempt status if it refused to perform gay nuptials. (Most legal scholars disagree.) But belief in Monson's supernatural connection also played a big role. Says Stewart: "The Prophet's telling us to stand up. When he speaks, you're realizing that there may be things that I don't see." Asks Gayle Teuscher, the stake president's wife: "If I believe that the Prophet is a true prophet of God and disregard his counsel, what does that say about my belief in God?" Sunstone's Carter says most Mormons who explained their stance for his publication "said, 'The Prophet has a longer view than we do' or 'It was revealed to me.'" Clark Pingree, a Bay Area Mormon gay activist, says that of the various Mormon pro-8 rationales, the Prophet-made-me-do-it line was "the most infuriating, because people say,



Backlash The Pimentels found themselves the target of a letter-writing campaign in Alameda

Famous Mormons. Excelling at culture and politics



Mitt Romney GOP contender in the 2008 presidential race



Stephenie Meyer A Brigham Young grad, author of the Twilight trilogy



Glenn Beck Fox News television host, author and Mormon convert



David Archuleta Then 17, he was the runner-up in 2008's American Idol

"I'm showing my faith by voting against what I know in my heart." It's a force field you will never penetrate."

Politics—or Persecution?

PROPOSITION 8 WON BY LESS THAN 5% of the vote. Individual Mormons contributed \$20 million of its \$40 million war chest. Asked whether the belief in prophecy, transmuted into funding and activism, could have been decisive, David Campbell, a University of Notre Dame political scientist (and a Mormon) who has studied LDS political activity, says, "I think that's arguable, in the positive sense of the word." Many Alameda congregants who had initially refused Stewart's fundraising efforts changed their mind; she exceeded her goals. Mormons made calls, placed flyers and planted lawn signs. They thought they were being good citizens.

That has made the aftermath of Prop 8 all the more disturbing to them. Furious gay-rights activists targeted the church, picketing temples in several states. A prominent Mormon Sacramento musical-theater director was hounded from his job. Tom Hanks declared the Mormons "un-American." (He later apologized.) Alameda Mormons like Pimentel read fire-breathing quotes in the San Francisco *Chronicle* and fielded "Dear Neighbor" notes.

Says Stewart: "I hear they threw bags of urine at a temple. If we had lost, it never would have occurred to me to react that way." Three months after the election, she says, "I don't feel quite the same way about our community." She felt frozen out of conversations among other parents. "You think, This will go away. But it doesn't seem to. I think about my kids in school," she says. "I want them to be accepted, to feel it's O.K. to be different." Of course, this is precisely the sentiment motivating the gay-marriage movement.

But as a Mormon concern, it long predates Prop 8. For a century, the Mormon church had a rocky and sometimes bloody relationship with American culture at large; persecution by "gentiles" became key to LDS self-understanding. But thanks to their industry, optimism and civic-mindedness, many Mormons have found their place in the American fabric. Ballard says, "We'd like to be seen as mainstream—if that means being part of the national conversation about issues of morality and having our members respected as contributing members of society. But we have to hang on to what's true, regardless of where society goes." He adds, "We've never felt that we were being more understood or more appreciated, at least in my 30 years as a general authority." Ballard helped supervise an

outreach program during the heightened "Mormon Moment" of the Romney campaign as apostles fanned out to visit media editorial boards. However, he contends that the "real power" determining public perception of his faith is "when a member of the church meets his neighbor, and the neighbor sees that he has objectives to his life and is finding happiness in his field. That's starting to happen all over."

Not everyone is as upbeat. Christopher Bigelow, a publisher and satirist (he edited the *Sugar Beet*, a kind of LDS *Onion*), says, "In the 20th century, we were allowed to grow and even gain a measure of respect." But Bigelow sees that as a mere "doughnut hole" in a darker dynamic. Gay marriage, he says, belongs to a class of behaviors increasingly tolerated in the broader society that the church must nonetheless oppose. He dips into an old but potent vocabulary: "As civilization keeps moving from standards we think God wants people to hold, it's inevitable that we expect persecution." Back in Alameda, Stewart's husband Brad says about Prop 8, "I hope I never have to do it again," but adds grimly, "I expect that I will."

The Dilemma of Deployment

THE CHURCH HAS NOT DECIDED ON ITS future role in the gay-marriage debate. The heat surrounding Prop 8 may die down by next year. "Talking about what may or may not happen in 2010 would be speculation, and I wouldn't want to do that," says Apostle Quentin Cook. The LDS abstained from same-sex-marriage battles in Iowa and New England. But avoiding a California rematch may be tougher. Notre Dame's Campbell says, "If it appeared that the church sat out next time because it was criticized this time, there might be a credibility question." But given a national trend toward supporting gay marriage, he asks, "Does the church want the public to identify it primarily as a political body opposing an issue that comes back again and again?"

Jay Pimentel, for one, will be spared that profoundly tricky question—for now. Shortly after the "Dear Neighbor" letter, Salt Lake City tapped him to lead all missionary activity in eastern Germany. The move entails sacrifices; he'll be leaving his job and uprooting an adult son with special needs. But it will put him in a field where the LDS has concerns—its spectacular international growth has begun to plateau—and incidentally remove him from any 2010 proposition battle.

Is he relieved? "I might feel relief," he says finally. "Or I might feel a kind of longing, a desire to be there." Then Pimentel expresses an archetypal LDS sentiment: "I like to help where I can be helpful." ■



Illustrations for TIME by Chris Dent. Photographs for TIME by David S. Holloway—Reportage/Getty



SOCIETY

A (Radical) Way to Fix Suburban Sprawl

The traffic-jammed town surrounding one of America's biggest malls is being turned into a pedestrian-friendly community. Is this the city of the future?

BY LISA SELIN DAVIS/TYSONS CORNER

THERE'S SOMETHING DEEPLY WRONG with Tysons Corner. For starters, Virginia's bustling commercial district—the 12th biggest employment center in the nation—has more parking spaces than jobs or residents. What was a quaint intersection of two country roads 50 years ago is now a two-tiered interchange with 10 lanes of traffic-choked hell; try to cross it on foot, and you're taking your life into your hands. Located about 14 miles west of downtown Washington, the nearly 1,700-acre area is home to fortresses of unfriendly buildings surrounded by oceans of parking lots, as well as single-story car dealerships, strip malls, fast-food joints, highways and a big toll road. Pedestrians are personae non gratae here. What few sidewalks exist often abruptly end.

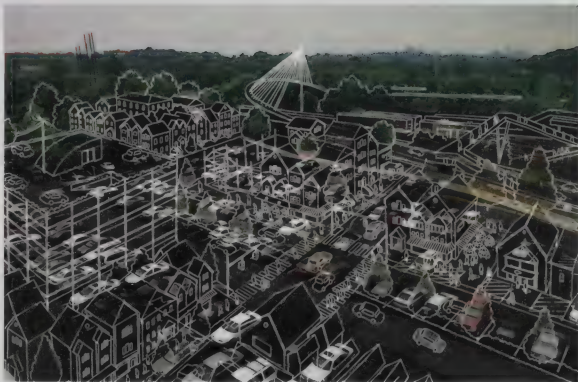
The overgrown office park—which sprang up around Tysons Corner Center, the ninth largest indoor mall in the U.S.—has become the opposite of a bedroom community. Some 120,000 people work in Tysons, but only 17,000 live here. "Every morning, 110,000 cars arrive, and they all leave at 5," says Clark Tyler, a former federal transportation official and

CONGESTION

Some 120,000 people work in Tysons Corner, Va., but only 17,000 live there. To transform this hotbed of suburban gridlock into a green, walkable city, a soon-to-be-adopted plan—as envisioned by our artist—calls for as much as tripling the current square footage by expanding upward, with the tallest buildings located next to four new train stations, which should be completed by 2013

HOUSING

To help turn this overgrown office park into a real city, Tysons' redevelopment task force wants to add as much as six times the number of existing housing units—bringing the total to 50,000—so more people can live closer to where they work. Key challenges include getting private landowners to create a grid of streets and ensuring that development doesn't outpace the infrastructure to support the proposed 85,000 new residents



the chairman of a task force whose ambitious goal is to help transform Tysons into a full-fledged city—where people live and work and play 24 hours a day.

The blueprint, which has been four years in the making and calls for a dense, walkable green city, is a model of public-private partnership and the largest such undertaking in the country. The implications of this redevelopment project stretch far beyond Fairfax County, as suburbs and exurbs across the country look for ways to repair the damage from five decades of outward, rather than upward, expansion. There are scores of so-called edge cities that have popped up near urban centers, suburbs on steroids that often grew around a giant mall—like King of Prussia, Pa. (outside Philadelphia), and Schaumburg, Ill. (Chicago). “If Tysons can be retrofitted, then there’s great hope for a lot of others,” says June Williamson, an associate professor of architecture at the City College of New York and a co-author of *Retrofitting Suburbia*.

The impetus for unsprawling Tysons is a 23-mile extension of the Metro line that will connect Washington proper to Dulles International Airport, with four stops in Tysons along the way. The U.S. Department of Transportation agreed in March to cut a \$900 million check for the rail line. But a simple park-and-ride project this is not. To help more people live closer to their

jobs, the proposed land-use plan, which the county is expected to adopt in October, calls for adding as much as six times the number of existing housing units, bringing the total to 50,000. And to encourage the use of mass transit, the plan envisions a Tysons Corner where 95% of its land will be within half a mile of a train station or within 600 ft. of shuttle routes designed to ferry passengers to Metro stops and neighboring suburbs. Money from an increase on the Dulles toll road and special tax districts will help Uncle Sam pay for the rail stations. Funds for bicycle paths, schools, police stations and storm-water management systems will likely come from the county, property owners and developers—who will be asked to pay extra for the privilege of helping Tysons build toward a goal of doubling or even tripling its density.

‘You don’t adopt a new plan and, boom, there’s a new city. This transformation will happen over 30, 40, 50 years.’

—SHARON BULOVA, CHAIRWOMAN OF FAIRFAX COUNTY SUPERVISORS BOARD

Whoa—triple the density? Isn’t the goal to ease traffic, not to add to it? What can be hardest for people to wrap their minds around is that to undo sprawl—and the traffic and smog and environmental waste that come with it—we might have to build a lot more on top of it. Right now, nearly half the land in Tysons is either roadway or parking. The new incarnation will be less car- and more people-oriented. So instead of there being stores and offices set back from the road, with parking in between, new mixed-use buildings will hug the sidewalk, with retail on the first floor to accommodate passersby. Buildings will be squeezed together, Manhattan-style. “The new plan? It’s basically known as urbanism,” says Fairfax County planning commissioner Walter Alcorn.

Or, rather, it is the 21st century version of slum clearance, with parking lots and strip malls getting razed and superblocks—long stretches uninterrupted by cross streets—getting chopped up to create short, walkable city blocks.

But whereas slum clearance was enforced by local governments, which used and in some cases abused eminent domain to reinvent neighborhoods, the Tysons retrofit almost entirely depends on 150 or so private landowners. (Aside from a fire station, a school and a few public water-sheds, Tysons has almost no public land.



RECREATION

Tyson's wants to be a truly livable city where people not only work but also play. That's why the land-use plan calls for nearly a tenth of the city's 1,700 acres to be turned into parks and other public spaces. Developers who want to build would help foot the bill for community projects

Like most other places in Fairfax County, Tysons is unincorporated and is overseen (at the county level.) The government won't mandate these changes. Rather, property owners will apply individually to increase the scale or density of their holdings, to tear down or add to what is already standing, and work together to hammer out a grid of streets to replace the maddening squiggles of private, dead-end roads—a grid that Alcorn says is as important as the Metrorail in battling congestion.

If all that sounds like a tremendous amount of faith in the private sector, it is. But the draw of Tysons—its plum location between Washington and Dulles, the major highways cutting through it—has made it endlessly marketable to businesses despite the suburban gridlock. Unlike abandoned subdivisions and flailing inner cities, Tysons thrives (hence the traffic). The Hilton Corp. plans to move its headquarters here from Beverly Hills, Calif. Volkswagen and Gannett already call Tysons home.

Striking a Balance

PROPERTY OWNERS BIG AND SMALL HAVE been drooling over the development possibilities. For instance, the Georgelas Group is planning to scrap the car dealership and other low-rise buildings sitting on the 20 or so acres it owns in Tysons to create a mixed-use development near a soon-to-be-

built train station. Aaron Georgelas, the group's managing partner, is happy to donate land to the street grid, since the county will allow him to build higher because of it. He also knows that tearing down revenue-generating buildings to put up new ones—even if they're three times as large—is a gamble, particularly in the current economic climate. "You very well could be handing that property over to a bank," he says.

Residents of McLean, Va., and other single-family enclaves near Tysons are more risk-averse. Members of the 95-year-old McLean Citizens Association (MCA) say they genuinely support Tysons' growth and realize its inevitability—but where, they ask, will the proposed 85,000 new residents play soccer, go to school or seek police protection? "We don't want to see it grow faster than the infrastructure to take care of it," says MCA president Rob Jackson. The task force agrees and wants the county to build a tit-for-tat system into the redevelopment plan to ensure that private development moves in lockstep with the public amenities needed to support it.

The other fear: that Metrorail or not, more people will equal more car traffic. Urban-design experts like Williamson insist that adding homes reduces traffic, as long as things like mass transit, supermarkets and dry cleaners are within walking distance. "It's not so much about how

many people have cars," she says. "It's about how they use them."

But in February, Cambridge Systematics, a transportation consulting firm in Massachusetts, released a traffic study based on the land-use plan and concluded that despite the mass transit options, the proposed influx of residents, plus an expected 100,000 new jobs, will result in more congestion. "Maybe," responds task-force chairman Tyler. "But it will have a lot less traffic than if Tysons keeps developing the way it is."

The plan doesn't call for narrowing major traffic arteries—a futile endeavor that Tyler likens to "unfrying an egg"—but it doesn't call for widening them either. Creating bike lanes and crosswalks will help make the area less inhospitable to nondrivers. But what happens if Tysons doesn't bulk up enough to wipe out the sprawl? That won't happen, says Sharon Bulova, chairwoman of the Fairfax County board of supervisors. Enough landowners have already detailed their visions and are simply waiting for the official go-ahead in October to start submitting rezoning applications. And if the economy slows down the redevelopment? "Then it waits," says Bulova. "You don't adopt a new plan and, boom, there's a new city. This transformation will happen over 30, 40, 50 years." After all, it took developers 45 years to make Tysons this big of a mess. It's going to take them some time to fix it. ■

Progress is Overrated

Has progress taken us to a better place?

I'd say it's taken us for a ride. (Probably in a carbon-coughing oil guzzler.)

Honestly, what thanks do we owe progress? We're up to our necks in landfill, down to the wire on resources, and climate change is out to get us – or at best leave us with a nasty sunburn.

Historically, civilizations are destroyed by progress. Just ask the Pharaohs. No sooner had they built those jumbo triangles and giant cement cats than they flushed themselves down the Nile.

That's why at Post Shredded Wheat, we put the “no” in innovation.

Henry Perky created the Original Shredded Wheat in 1892. One man. (Him.) One ingredient. (Wheat.) One machine. (The machine.) We didn't give it any add-ons or plug-ins. Heck, we didn't even name it.

All we did was make it Spoon Size in 1961. Did we go too far? Time will tell. But I will say our naturally fiber-rich, 100% whole grain wheat has been free of enhancement, progress and pyramids for 117 years and counting.



Frank Druffel



"We put the 'no' in innovation"

See Frank in action at ThePalaceOfLight.com



How Not to Get Sick

SPECIAL HEALTH REPORT

One way to cure illness is with pills and procedures.

Another is not to get sick in the first place. The great thing about the latter: it's cheaper, easier and more likely to save your life. As part of its plan to reform health care, the Obama Administration wants hospitals, doctors and patients across the country to make a serious commitment to prevention. That means ditching bad habits, eating right, exercising and spotting danger signs early. Good health is still largely a matter of choice—yours.



LESSONS FROM
THE CLEVELAND
CLINIC

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GETTING WELL
WHILE YOU
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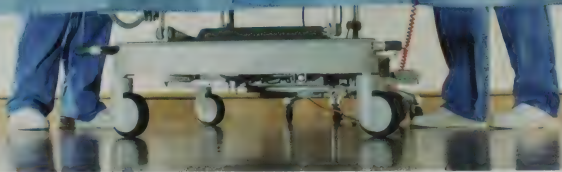
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A USER'S GUIDE
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PREVENTION PAYOFF

Many strategies to avoid disease are free: walk more, take the stairs, and meditate to relieve stress, for instance

SPECIAL HEALTH REPORT

This Doctor Does Not Want To See You

At least not if you're sick. He'd much rather talk to you about staying healthy in the first place. How one hospital is changing the conversation that physicians have with their patients—and pointing the way to a smarter approach to health care

BY ALICE PARK



Innovative Medicine

To see more photos of the Cleveland Clinic, go to time.com/cleveland_clinic

Photographs for TIME by Ashley Gilbertson. Illustrations for TIME by Mark Matcho



Taking control As part of the Lifestyle 180 program, Rence Turner prepares to release the day's tension in a stress-management exercise. Her weight puts her at high risk for hypertension, heart problems and diabetes, so she is learning to use diet, exercise and relaxation strategies to prevent them

RENCE TURNER SEES SICK PEOPLE every day. Some get well; others do not. As a member of the security staff at the Cleveland Clinic, she knows there is more than luck involved in who stays healthy and who doesn't. Having survived cancer twice, Turner is very aware that there are things you can do to take control. That's something she is learning every day from the physicians, patients and staff at the clinic, a 1,100-bed hospital that is testing ideas on its own staff and

now might just be the future of American medicine.

Take weight loss. Turner is considered morbidly obese—you don't have to work in a hospital to know that's bad. That's why she's on a diet; in fact, her entire department is on a diet. Turner and a few of her co-workers are enrolled in the hospital's Lifestyle 180 program, an innovative approach to good health that uses cooking classes, exercise sessions and yoga to educate patients who are obese or who have high cholesterol, high blood pressure, dia-

betes or multiple sclerosis about how to eat better, become more physically active, manage stress and, ultimately, prevent what doctors call a major health event.

"It's what we talk about all day: changing what we eat," Turner says. Halfway into the 48 hours of sessions, spanning six weeks, she has lost 9 lb., and the good-health philosophy is changing her everyday behavior. She parks farther away when she goes to work or visits a mall. She looks at food labels and thinks before she eats. As an employee of the Cleveland



Cafe class Chef Bob Dissell works with a dietitian to give patients, their families and staff members hands-on tips for cooking healthier meals



Healing arts The program features modern-art pieces throughout the hospital as well as performances by a group that includes disabled dancers

Clinic, Turner is luckier than most: the hospital is covering the cost of her participation in the program. She even gets a "tool kit" complete with yoga mat, recipe book and tips for navigating the food aisles. All Turner and the others have to do is show up.

And that, argues the Cleveland Clinic's CEO, Dr. Delos Cosgrove, is how a health-care system should work. Patients like Turner who want to live healthier lives should be encouraged—and supported, both financially and emotionally—to do so. In fact, we soon may have no other choice.

As the cost of health care continues to climb (60% of U.S. bankruptcies in 2007 were due to medical costs), the health of our nation is not getting any better. Heart disease remains the No. 1 killer of Americans (as it has been for all but a few years since 1900), our collective waistline continues to bulge, diabetes rates march ever higher, and after steadily declining in recent decades, the smoking rate among high schoolers is leveling off. The U.S. boasts the best cutting-edge medicine in the world, yet 75% of our health-care costs are attrib-



Eating lean Members of Lifestyle 180 practice healthy frying, using finer bread crumbs, which absorb less oil, and thinner pieces of fish



Sun stretches Every day, the clinic offers more than 10 yoga classes to help employees, patients and their families relax and feel restored

utable to chronic, preventable diseases. In all, about 40% of premature deaths in the U.S. are caused by lifestyle choices—smoking, poor eating and inactivity.

But while prevention—intervening in patients' lives before they get sick—has long been part of the medical lexicon, programs to educate and encourage patients to adopt healthy behaviors have never truly been embraced. Ours is a system that rewards pills and procedures and nurtures a clinical culture in which the goal is primarily to fix what goes wrong. "I never saw a well

patient in my life," says Cosgrove of the years he spent as a heart surgeon. "They were all sick. I was in the sickness business. We need to get into the health business." This idea is at the heart of how President Obama wants to reform health care in America; he argued that the U.S. medical system is designed to provide disease care rather than health care. In a letter to Senators drafting health-care-reform legislation, Obama cited the clinic as a model: "We should ask why places like the Mayo Clinic in Minnesota, the Cleveland Clinic in Ohio, and other institutions can offer the highest quality care at costs well below the national norm. We need to learn from their successes and replicate those best practices across our country," he wrote.

Exactly what are those model behaviors? The Cleveland Clinic and its 10 sister hospitals employ 40,000 people in Ohio, Florida, Canada and the United Arab Emirates. Cosgrove's idea is to turn those campuses into living laboratories, where healthy behavior is rewarded (with cash incentives if necessary) and people start thinking about health as an investment and a responsibility. In a demonstration of this commitment, Cosgrove even created new executive positions, including chief wellness officer, chief empathy officer (now changed to chief experience officer) and arts-program curator. These are not titles you're likely to find in any other organization.

The wellness philosophy that begins in the hospital, Cosgrove hopes, can then seed the community, then the state and the nation. Such an ambitious idea could not have found a better place to start than Cleveland, where smoking rates are above the national average, nearly 28% of the population is obese, and exercise and good nutrition are luxuries. If it can work in Cleveland, it can work anywhere.

Clearing the Air

HEALTH CONSCIOUSNESS DOESN'T COME naturally to the average CEO—nor should it be expected to. Paying for smoking-cessation programs or gym memberships makes sense only if a company is reaping some return on its investment. The Cleveland Clinic, as the city's largest employer, has to be more mindful of that fact than most are. Improve employee health and you cut sick days and boost productivity. Most important, you keep insurance premiums under control. And the up-front costs can be minimal.

"There are things organizations can do that send a real message but cost very little," says Cosgrove. "It doesn't cost anything to have a walking program. It doesn't cost anything to tell people to take the stairs instead of the elevator. And it costs nothing to say that you can't smoke here."

Well, almost nothing. In 2007, Cosgrove took the controversial step of deciding not to hire any more smokers. As a high-tech hospital rooted in one of Cleveland's more wanting neighborhoods, the clinic was



Chief wellness officer Roizen holds his first-of-its-kind post, and other hospitals could follow suit if his programs succeed

already viewed as an elitist institution with little compassion for the community from which it draws its workforce. The no-smokers policy would cement this perception. "I had to fight everybody, including human resources," says Cosgrove. "But this sends a message. It's perfectly legal. It's as much symbolic for the community as for the organization."

Since the rule went into effect, smoking rates in Cuyahoga County, which includes the city of Cleveland, have dropped from 21% to 18%. Rates have been declining since 2003, but it didn't hurt that the clinic also spent \$30,000 to support antismoking efforts throughout Ohio, culminating in a 2006 statewide ban on smoking at work and in public places.

That's just the sort of scaling up Cosgrove hopes for. But while the clinic was successfully sending a message about tobacco, it was failing miserably as a model of nutritious eating. Dr. Michael Roizen, an anesthesiologist and now the clinic's chief wellness officer, knew something had to change when he heard about a patient's recent dining experience in the hospital's

emergency room. The patient arrived with chest pains and was put into a holding area with his family while doctors ran tests. They ended up waiting for several hours, so well-intentioned staff members offered to bring everyone some food. An orderly went out—and came back with Kentucky Fried Chicken. "Can you believe it?" asks Roizen. "That was quickly corrected."

The cafeteria's new, varied menu—particularly with its ban on trans fats—was one response. Roizen is now working with chefs to inject more flavor and excitement into patient meals while keeping the food low in fat, salt and sugar. So far, they have redesigned 36 of the 55 meal offerings, substituting thickeners for fat, citrus flavors for salt, and peppery, spicy ingredients for sugar.

But as innovative as these efforts are, what happens when patients walk out the door and leave the bubble of the clinic? Keeping them motivated and committed to staying healthy, eating right and getting physically active is another issue Cosgrove is addressing—this time with the help of technology.

Nearly all of the 5.5 million patients who have passed through the clinic's doors since it opened in 1921 now have a digital health record, and this electronic paper trail is an ideal partner to prevention. The hospital's patient-record system, MyChart, is

synchronized with Google Health and Microsoft's HealthVault to give patients the ability to upload important health information directly from devices such as scales, home blood-pressure monitors and glucometers, which measure blood sugar. That allows patients to track their progress and also helps doctors see whether treatments are working. Doctors and patients can also communicate better digitally, without the need for appointments.

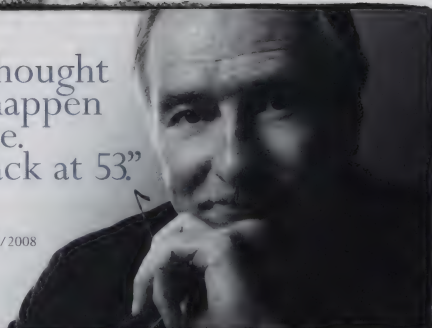
Lifestyle Turnaround

ALL THIS, OF COURSE, MAKES GOOD SENSE, and studies have already documented the positive impact preventive measures can have on health. What is less established is the financial case—that prevention saves a company money. That's the question that keeps accountants and insurers from investing in these programs, and that's why Roizen is working to answer it.

A compact, intensely energetic man, Roizen has assumed the responsibility of evangelizing beyond the clinic's doors. His message is directed less at consumers than

"I never thought
it could happen
to me.
A heart attack at 53."

~Steve A.
New York, NY
Heart attack: 1/9/2008



"I had been feeling fine. But turns out my cholesterol and other risk factors* increased my chance of a heart attack. Now I trust my heart to Lipitor.
Talk to your doctor about your risk and about Lipitor."

- Adding Lipitor may help, when diet and exercise are not enough. Unlike some other cholesterol-lowering medications, Lipitor is FDA-approved to reduce the risk of heart attack and stroke in patients with several common risk factors, including family history, high blood pressure, low good cholesterol, age and smoking.
- Lipitor has been extensively studied with over 16 years of research. And Lipitor is backed by 400 ongoing or completed clinical studies.

*Patient's risk factors include age, gender, smoking, and high blood pressure.

IMPORTANT INFORMATION: LIPITOR is a prescription drug. It is used in patients with multiple risk factors for heart disease such as family history, high blood pressure, age, low HDL ('good' cholesterol) or smoking to reduce the risk of heart attack, stroke and certain kinds of heart surgeries. When diet and exercise alone are not enough, LIPITOR is used along with a low-fat diet and exercise to lower cholesterol.

LIPITOR is not for everyone. It is not for those with liver problems. And it is not for women who are nursing, pregnant or may become pregnant. If you take LIPITOR, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects. Tell your doctor about all medications you

take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain and heartburn. They tend to be mild and often go away.

LIPITOR is one of many cholesterol-lowering treatment options that you and your doctor can consider.

Please see additional important information on next page.



LIPITOR
atorvastatin calcium
tablet, oral suspension



Have a heart to heart with your doctor about your risk. And about Lipitor.
Call 1-888-LIPITOR (1-888-547-4867) or visit www.lipitor.com/steve

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

IMPORTANT FACTS



LIPITOR
atorvastatin calcium
TABLETS

(LIP-ih-tore)

LOWERING YOUR HIGH CHOLESTEROL

High cholesterol is more than just a number, it's a risk factor that should not be ignored. If your doctor said you have high cholesterol, you may be at an increased risk for heart attack. But the good news is, you can take steps to lower your cholesterol.

With the help of your doctor and a cholesterol-lowering medicine like LIPITOR, along with diet and exercise, you could be on your way to lowering your cholesterol.

Ready to start eating right and exercising more? Talk to your doctor and visit the American Heart Association at www.americanheart.org.

WHO IS LIPITOR FOR?

Who can take LIPITOR:

- People who cannot lower their cholesterol enough with diet and exercise
- Adults and children over 10

Who should NOT take LIPITOR:

- Women who are pregnant, may be pregnant, or may become pregnant. LIPITOR may harm your unborn baby. If you become pregnant, stop LIPITOR and call your doctor right away.
- Women who are breast-feeding. LIPITOR can pass into your breast milk and may harm your baby.
- People with liver problems
- People allergic to anything in LIPITOR

BEFORE YOU START LIPITOR

Tell your doctor:

- About all medications you take, including prescriptions, over-the-counter medications, vitamins, and herbal supplements
- If you have muscle aches or weakness
- If you drink more than 2 alcoholic drinks a day
- If you have diabetes or kidney problems
- If you have a thyroid problem

ABOUT LIPITOR

LIPITOR is a prescription medicine. Along with diet and exercise, it lowers "bad" cholesterol in your blood. It can also raise "good" cholesterol (HDL-C).

LIPITOR can lower the risk of heart attack or stroke in patients who have risk factors for heart disease such as:

- age, smoking, high blood pressure, low HDL-C, heart disease in the family, or
- diabetes with risk factor such as eye problems, kidney problems, smoking, or high blood pressure

POSSIBLE SIDE EFFECTS OF LIPITOR

Serious side effects in a small number of people:

- **Muscle problems** that can lead to kidney problems, including kidney failure. Your chance for muscle problems is higher if you take certain other medicines with LIPITOR.
- **Liver problems.** Your doctor may do blood tests to check your liver before you start LIPITOR and while you are taking it.

Symptoms of muscle or liver problems include:

- Unexplained muscle weakness or pain, especially if you have a fever or feel very tired
 - Nausea, vomiting, or stomach pain
 - Brown or dark-colored urine
 - Feeling more tired than usual
 - Your skin and the whites of your eyes turn yellow
- If you have these symptoms, call your doctor right away.

The most common side effects of LIPITOR are:

- Headache
- Constipation
- Diarrhea, gas
- Upset stomach and stomach pain
- Rash
- Muscle and joint pain

Side effects are usually mild and may go away by themselves.

Fewer than 3 people out of 100 stopped taking LIPITOR because of side effects.

HOW TO TAKE LIPITOR

Do:

- Take LIPITOR as prescribed by your doctor.
- Try to eat heart-healthy foods while you take LIPITOR.
- Take LIPITOR at any time of day, with or without food.
- If you miss a dose, take it as soon as you remember. But if it has been more than 12 hours since your missed dose, wait. Take the next dose at your regular time.

Don't:

- Do not change or stop your dose before talking to your doctor.
- Do not start new medicines before talking to your doctor.
- Do not give your LIPITOR to other people. It may harm them even if your problems are the same.
- Do not break the tablet.

NEED MORE INFORMATION?

- Ask your doctor or health care provider.
- Talk to your pharmacist.
- Go to www.lipitor.com or call 1-888-LIPITOR.

Uninsured? Need help paying for Pfizer medicines? Pfizer has programs that can help. Call 1-866-706-2400 or visit www.PfizerHelpfulAnswers.com.

 **helpful
answers**



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Rx only

at the health-care industry. "The only way to justify doing wellness in a commercially viable way," he says, "is to demonstrate that you can lower the cost of care."

Roizen is attempting to do that with Lifestyle 180, designed for patients with chronic conditions that generate the bulk of our health-care costs. The program is run out of a facility that seems less a medical institution than a New Age retreat: a bucolic campus in nearby Lyndhurst that was once the corporate headquarters of manufacturing giant TRW. Patients who enroll in Lifestyle 180 get broken in gently. For four hours, twice a week, over six weeks, they are coached through cooking classes in which a chef passes along such tips as healthier pan-frying (use thinner pieces of fish or chicken and finer bread crumbs to reduce the amount of oil that gets absorbed), a dietitian teaches smart label-reading, and yoga and stress-management coaches teach meditation and how to build muscle tone.

Throughout the process, members of Roizen's team, led by Dr. Elizabeth Ricanati, take measurements, run blood tests and monitor what is happening in the patients' bodies. The hope is that participants can eventually reduce or eliminate their dependence on insulin or blood-pressure medications or pain pills and actually stop illness in its tracks. Since the program began in October, its 114 patients have, on average, reduced their LDL cholesterol by 10 points and shaved more than 3 in. off their waistline.

What's more, the coaching doesn't stop when the Lifestyle 180 sessions end. The patients come in for five follow-up sessions over the next year, and Ricanati keeps in touch with weekly e-mails of tips to keep them committed to their newfound health habits. So far, a quarter of the patients have either avoided getting on medication, reduced their dose or stopped needing drugs altogether.

Whether Lifestyle 180 can actually reduce health-care costs in the long run remains to be seen. Clinic employees can join the program for free, but anyone else

who wants to enroll must pay \$1,500. Some local companies have started to pick up the tab, hoping to reap the financial return that Roizen promises.

The Cleveland Clinic's own experience suggests that Roizen's confidence in prevention's payoff is well founded. The hospital's chief human-resources officer anticipates that after growing between 4% and 8% each year over the past six years, employee premiums will not increase in 2010. That's in part due to



Hospital sherpa Julie Grafmeyer guides patients through their stay, explaining jargon and resolving problems

savings from employees with chronic illnesses who are making lifestyle changes to keep themselves from getting sicker. This saves the clinic between \$5,000 and \$10,000 a year per patient on claims they would have otherwise filed for treatments such as dialysis, angioplasty or bypass.

The next step, says Roizen, will be to see if lifestyle changes can not only hold off disease but actually reverse it, transforming the strategy into a fully developed treatment option on a par with prescriptions and surgical procedures. Dr. Dean Ornish, a longtime prevention proponent who created the Preventive Medicine Research Institute in California, thinks this is possible. In 2008 he showed for the first time that even the course of a disease like prostate

cancer can be altered by diet. Men at low risk of prostate cancer were asked to choose either Ornish's lifestyle program—which involves eating healthier, exercising and reducing stress—or continuing with their current habits. After three months, Ornish studied the activity of the men's genes and found that the healthier behaviors turned on cancer-suppressing genes and turned off cancer-promoting ones.

It's just this kind of data that prevention champions hope will be enough to finally change our reimbursement system as a whole to cover programs like Lifestyle 180. And those advocates now include a majority of consumers as well: in a recent survey by Trust for America's Health and the Robert Wood Johnson Foundation, 76% of Americans said they support an increase in funding for prevention programs.

But even with such widespread support, it won't be easy. It took Ornish 14 years to persuade Medicare to cover his lifestyle program for avoiding heart disease. Employers have been slow to invest up front for health savings that may never accrue to them if their employees leave for other jobs. Yet as the cost of claims rises, even that tide may finally be turning. In Minnesota's Twin Cities region, for instance, major companies such as Target, US Bank

and Best Buy are coming together to discuss ways that investments in prevention and long-term cost savings can be shared by all the employers in the area, even if workers are moving between companies.

Will prevention work? And will our health system finally embrace the strategy over prescriptions and procedures? We don't have many other options. Prevention is a timeless idea, one our species has always practiced: pioneers preserved food to prevent starvation in the winter; modern workers invest in 401(k)s to prevent destitution when they're older. Applying the same ethos to medical care ought not be that hard—especially since the country's health, economic and otherwise, may depend on it. ■

FIVE THINGS U.S. HEALTH CARE CAN LEARN FROM THE CLEVELAND CLINIC

1 Make prevention programs free ...

The clinic pays for employee memberships to Weight Watchers and Curves

2 ... really free

More people signed up once the clinic began paying club fees up front instead of reimbursing employees

3 Use cash to motivate

Employees in the health plan earn \$100 for reaching their fitness goals

4 Share the wellness

The clinic provides free wellness programs at community centers

5 Pass it on

Savings from lower medical-claims payouts help keep employee health premiums from climbing

Getting Well While You Shop

More and more people are seeing their care provider in the same place they shop for groceries and shampoo. Is this good medicine?

BY KATE PICKERT

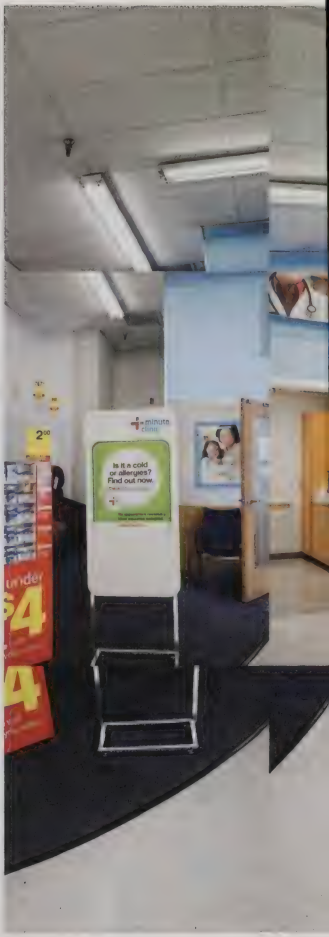
IF THERE'S ONE THING MOST PATIENTS lack, it's patience. And who can blame them? When you're burning up with fever or your child has an earache or that sore throat you've been nursing doesn't seem to be going away, the last thing you want to hear is that your doctor's next open appointment is a month from now.

Good thing then that there's a super-market or pharmacy nearby. Need to buy some shampoo or pick up a few things for dinner? Why not see the doctor—or, more accurately, the nurse practitioner or physician's assistant—while you're at it?

For all the complexities of the U.S. health-care crisis, most Americans experience the problem in a straightforward way: it's just too hard to schedule face time with your family doctor, and it costs too much when you finally get in the door. Of the approximately 1 million physicians working in the U.S., just 30% provide primary care. If you do get an appointment during the week, you'll probably have to take off time from work and carve out at least a few hours to sit in a waiting room. And if you get sick on a weekend, good luck.

That, of course, is assuming that you have a doctor in the first place, not a given in a country where up to 50 million people

Got a minute? *This MinuteClinic in Downey, Calif., is one of about 500 that CVS operates around the country*



lack health insurance. Even for the insured, ever changing corporate health plans may mean that a physician you see one year is not available to you the next. In times of illness, more and more people just show up in emergency rooms, which increases crowding and slashes revenues as bills to the uninsured go unpaid. In the past 13 years, at least 190 ERs have responded by shutting their doors.

Enter the retail health clinic. In the past decade, more and more pharmacies like CVS and Walgreens, supermarkets such as Kroger and Publix and big-box stores like Wal-Mart have made space for clinics that treat minor ailments, administer vaccines and examine kids who need medical forms to enroll in camp. In those nine years, storefront clinics have logged at least 3.4 million visits. Today there are about 1,200 such clinics, pulling in some \$550 million in annual revenue, by one estimate. Doctors, worried that the clinics will dig into their bottom line, are resisting the trend, but it's hard to argue that the innovation wasn't needed.

Early Detection

THE CORNERSTONE OF PREVENTION IS early detection. Minor problems caught right away—from infections to mild hypertension to a suspicious lesion—may never blossom into major problems. But the inaccessibility of doctors makes early detection more difficult.

Among the new ranks of providers filling the void is the Little Clinic, a company that operates 99 in-store clinics in nine states. The Little Clinic experience is an unabashedly retail one. You can get in and out in 15 minutes during hours that extend into evenings and weekends. Prices are clearly displayed, as is the menu of ills the clinic can address, such as strep throat, sinus infections and flu. There are also preventive services like cholesterol and hypertension screening.

And the cost? For basic acute ailments, an uninsured person will spend about \$60 (without tests) at a retail clinic, compared with \$60 to \$110 at a doctor's office or hundreds more in an ER. And while the retail clinic model launched on a cash-only basis, most outlets now accept insurance, used by about two-thirds of patients, according to a study by the Rand Corp. published in 2008.

There are some practical benefits to

combining the place where you see your health-care provider with the place where you shop. "I can walk [patients] out of the clinic and show them a nutrition label," says Sabrina Freeman, a nurse practitioner and manager at the Little Clinic. Everyone agrees physicians should stress prevention, but during an appointment, "you probably spent five minutes with somebody talking about those things."

Nobody has any illusion that clinics are in the business as an act of altruism. The companies make money—money consumers might not otherwise have spent on health care. The Rand study showed that 90% of adult visits to retail clinics are for 10 common, often minor, reasons. But the same kinds of patients represent only 13% of traffic in doctors' offices. While some are migrating from their doctors to the clinics, others would have sought no medical help

'We catch a lot of things in people who just don't go to the doctor. Maybe they have high blood pressure and don't know it.'

—ANNE POHNERT, NURSE PRACTITIONER, MINUTECLINIC

and would have gotten better on their own.

Doctors have emerged as the biggest critics of the new trend. "The most profitable part of a family physician's practice is exactly what retail health clinics are going after," says Dr. Ted Epperly, head of the American Academy of Family Physicians. A family doctor treating the same conditions can see five patients an hour. Take away this revenue and doctors will be left with only complicated cases that yield less profit.

But there are less mercenary concerns too. In 2007, the American Medical Association called for an investigation into retail clinics, arguing that drugstores, which position clinics directly adjacent to pharmacies, have a conflict of interest. For instance, floating above the pharmacy counter at many CVS stores are cardboard bubbles reading THINK MINUTECLINIC,

raising the worry that the clinics have an incentive to write too many prescriptions, which will then be filled at the pharmacy. (No AMA investigation took place.)

Family doctors also argue that retail clinics undercut the concept of a "medical home," a care provider who knows your history and can act as a director for all your medical needs. The clinics counter that with as many as 60% of their patients reporting that they don't have a primary-care provider, there's not much to undercut.

Nonetheless, clinics insist that they don't want to be anyone's medical home. They say they refer many patients—particularly people who come in too often, which may indicate a chronic illness—to doctors in the community. For uninsured patients who need more substantive treatment, a referral list includes low-cost community health centers or physicians who offer sliding-scale fees. "These clinics are a portal to the health-care-delivery system," says CVS's Chip Phillips, president of MinuteClinic.

That's important. Many clinic patients come in with an acute problem and, while there, learn they have a chronic one. "We catch a lot of things in people who just don't go to the doctor. Maybe they have high blood pressure and don't know it," says Anne Pohnert, a nurse practitioner and manager of MinuteClinics in Virginia. A retail clinic is not equipped to manage chronic hypertension, but spotting the problem is a first step.

Some retailers take this concept further, working with local health systems and hospitals. This eases ER crowding and helps a hospital extend its brand. The Cleveland Clinic is partnering with CVS in Ohio, and the Mayo Clinic has an outpost at a grocery store in Minnesota.

Despite the misgivings of doctors, retail clinics are changing the way family practices operate—and possibly for the better. Surveys show that many family doctors are now lengthening their hours and leaving more appointments open on a first-come, first-served basis.

In times of economic crisis, the ability of the free market to solve problems may come into question. But in one vital corner of the economy, a little creative capitalism is helping fill a gap. ■

CLINICS ARE A BOON TO THE UNINSURED, BUT MANY INSURED PEOPLE USE THEM TOO

61.3%

Share of clinic patients with no family doctor. Confusing insurance plans contribute to the problem

32.9%

Clinic patients who pay for visits out of pocket. In doctors' offices, the figure is barely 10%

Source: Rand Corp.



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Staying Sane

May Be Easier Than You Think

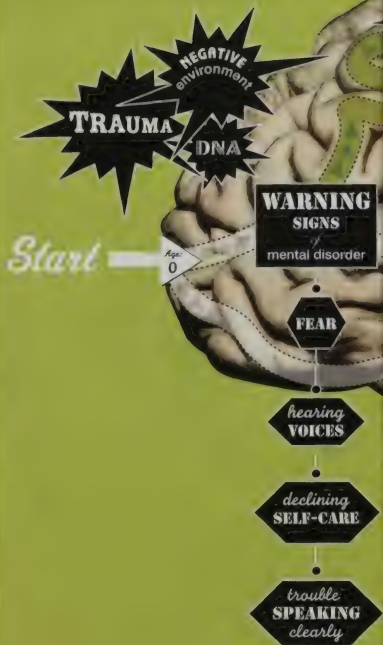
Psychological woes are not your fault. But if there are ways you can keep your body from breaking down, then why not your mind?

BY JOHN CLOUD

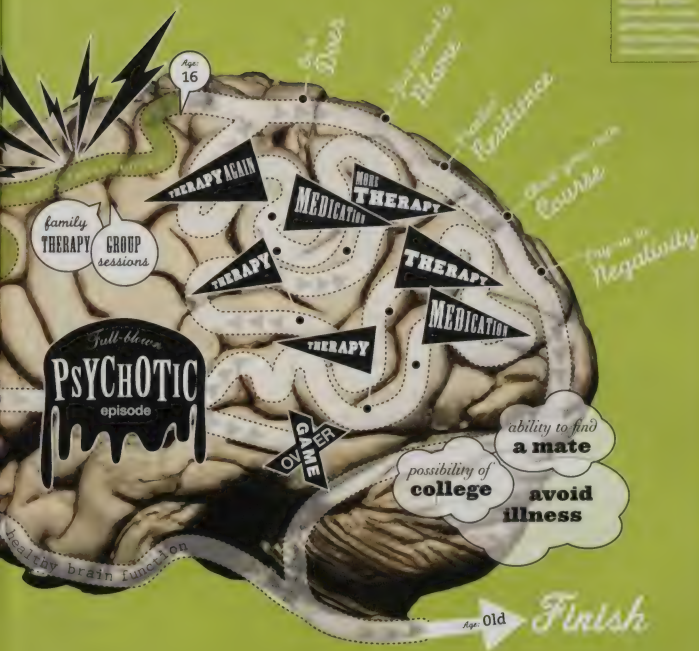
WE TEND TO VIEW THE BRAIN like an alien that happens to reside in the skull. We see it as unpredictable, ungovernable in ways that other organs aren't. Proper diet, exercise, no smoking—these will help prevent heart and lung disease. But diseases of the mind? They strike at will, right? You just can't keep yourself from going crazy.

And yet—what if you can? The most exciting research in mental health today involves not how to treat mental illness but how to prevent it in the first place. Hundreds of studies that have appeared in just the past decade collectively suggest that the brain isn't so different from, say, the arm: it doesn't simply break on its own. In fact, many mental illnesses—even those like schizophrenia that have demonstrable genetic origins—can be stopped or at least contained before they start.

This isn't wishful thinking but hard science. Earlier this year, the National Academies—an organization of experts who investigate science for the Federal



PRACTICAL TIPS



Government—released a 500-page report, nearly two years in the making, on how to prevent mental, emotional and behavioral disorders. The report concludes that pre-empting such disorders requires two kinds of interventions: first, because genes play so important a role in mental illness, we need to ensure that close relatives (particularly children) of those with mental disorders have access to rigorous screening programs. Second, we must offer treatment to people who have already shown symptoms of illness (say, a tendency to brood and see the world without optimism) but don't meet the diagnostic criteria for a full-scale mental illness (in this case, depression).

Neither approach is without controversy. Early-detection programs will identify as candidates for mental illness some people who are merely persnickety or shy or eccentric. Some prevention programs even prescribe psychiatric medications, including antipsychotics and antidepressants, to people who aren't technically psychotic or depressed. "This is a big concern," says Joseph Rogers, founder of the Philadelphia-based National Mental Health Consumers' Self-Help Clearinghouse. "Because, gee, if you miss, you can really do more harm with some of these drugs than good."

But those who contributed to the National Academies report say preventing the suffering of people with mental illness is worth the risk of some false positives, partly because of the enormous cost of treating mental illness after it's struck. The National Academies estimates that the total economic cost of mental disorders just among Americans under 25 was \$247 billion in 2007. (There are no such recent figures for all adults, but one 2000 study estimated that in 1992, the total cost of adult mental illness was \$161 billion.) Another 2007 study found that more than a quarter of the costs for young people are incurred in the education and juvenile-justice systems, which must deal with illnesses that, in many cases, could have been prevented.

But how do you predict and stop disorders as capricious and varied as depression and schizophrenia? Though treatment of mental illness is far more costly over time, prevention isn't without up-front costs. In a health-care system already overburdened, who pays? More fundamentally, what kind of country will we have if we attempt to "cure" various odd behaviors and quirky traits—qualities that can sometimes look like symptoms of a coming illness and other times look like evidence of a lively mind?

Prevention Pioneer

IN THE EARLY 1970S, BEFORE DR. WILLIAM McFarlane was one of the world's top authorities on preventing mental illness, be-

fore his hair had thinned and receded to a salt-and-pepper pouf, back when he was a student at the Albert Einstein College of Medicine in New York City, few psychiatrists talked about prevention. At the time, the U.S. had half a million psychiatric beds (there are 200,000 today), and psychiatrists faced less financial pressure to move inpatients quickly to outpatient care. Many people spent years on locked wards, their brains slowly gelatinizing from the combination of underlying illness and the blunt-instrument antipsychotic drugs of the day.

After he finished school and began seeing patients and teaching, McFarlane, like a few other pioneers, started to wonder if you could do something to stop the cycle before it began. But there was little research at the time on the early stages of mental illness. A key break came in

Once a patient's perception of reality has cracked the first time, it becomes very hard to walk back to normality. This makes early detection crucial

the late 1970s, when a UCLA team began to publish the results of an influential long-term study called the UCLA Family Project. The study found that you could predict, with remarkable accuracy, which 16-year-olds would develop schizophrenia later in life based on only a few characteristics. The teenagers whom the Family Project tracked had already sought treatment for a psychological problem, although the study excluded actively psychotic teens, since it would not have been a surprise if they had developed schizophrenia.

Studying such kids for more than a decade, the researchers discovered that those who became schizophrenic were most often from families that, when first interviewed, displayed "communication deviance" (unclear, unintelligible or fragmented speech) and highly critical and intrusive parenting. These weren't merely families that argued with difficult sons and daughters; they were families that had lost all ability to cope.

McFarlane and others began working with some of the families to address their interactions and teach them how to communicate better—more slowly, with less anger and intrusion. Even after they are on medication, people with schizophre-

nia have a difficult time tracking rapid, highly emotional speech, yet that's the kind they often hear from frustrated family members. These patients would improve in hospitals but relapse once they got home, even when they continued to take antipsychotics.

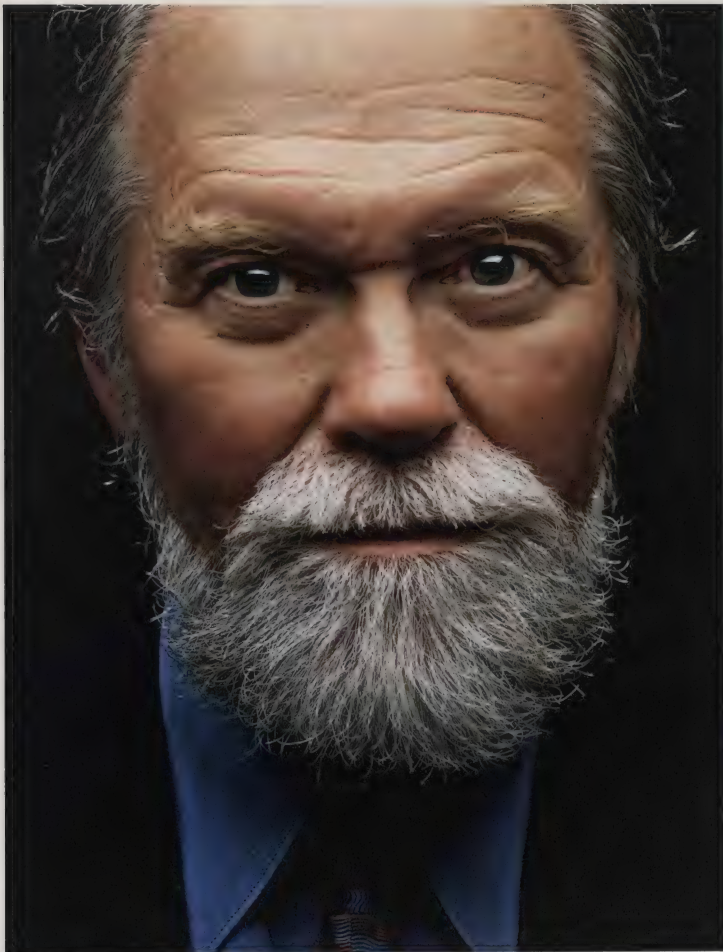
For several years, McFarlane developed and tested the Multi-Family Group approach, which brought several families together at a time to learn from one another how they sounded to outsiders. In twice-monthly sessions, the families modeled greater clarity and compassion and troubleshot daily-living problems like kids' marijuana use or sexual activity. It was a simple intervention that, when combined with antipsychotic drugs, worked to reduce schizophrenic relapse rates significantly more than the drugs alone.

McFarlane wondered if the treatment could work even earlier, to help prevent the illness in largely asymptomatic kids who were at risk for schizophrenia. Such prediagnosis would not be easy, but McFarlane knew that once a patient's perception of reality has cracked for the first time, it becomes exceedingly hard to walk back to normality. Indeed, a major study just published in the journal *Neuropsychology* shows that the signature cognitive problems of schizophrenia—deficits in verbal learning and memory along with processing speed—actually begin days or weeks before a first psychotic episode, making the earliest possible detection all the more urgent.

And so in the 1980s, McFarlane began canvassing schools in the New York City area to try to get the staffs excited about preventing schizophrenia among their students. A number of the superintendents "practically threw us out the window," he says. "They just kept saying, 'We don't have mental illness in our high school.'" It was dispiriting: based on the epidemiological data, McFarlane knew that each year about 12 in 10,000 young people suffered a first episode of psychosis. Some of the kids were clearly in those schools, but if he couldn't get through the door to screen them, he couldn't prevent any illness.

A Theory Goes Wide

EVEN AS MCFARLANE WAS EXPLORING HIS schizophrenia-prevention idea, other researchers were having similar what-if moments with respect to other, more routine conditions. Suppose irritable infants who become fearful toddlers who become shy children somehow could be stopped from becoming adults with anxiety disorders. Suppose men and women who go to war or become cops in inner cities could be helped before developing posttraumatic stress disorder. Could you, similarly, iden-



Dr. William McFarlane

Stopping Mental Illness Before It Even Starts. Most psychological conditions don't strike overnight. Staying mindful of the warning signs—and taking smart prevention steps—may keep you well



STATISTICS

The median age of onset is **7**, although the disorder often persists past puberty

4% of all people ages **18** to **44** have symptoms that warrant an ADHD diagnosis

On average, separation anxiety and most phobias begin to appear by age **7**

Panic and obsessive-compulsive disorders are often seen by age **10**

WARNING SIGNS

▶ Parental history of attention deficit

▶ Easily distracted and forgetful in daily activities

▶ Difficulty focusing on tasks or play

▶ Extreme irritability during infancy

▶ Fearfulness in toddlerhood

▶ Very shy behavior around puberty

▶ Inability to relax or face fear

PREVENTION

Successful programs don't emphasize telling kids to be still. Also, they instruct teachers to break up complicated instructions into digestible bits so that kids prone to ADHD learn they can concentrate

One approach targets 3-to-5-year-olds who show inhibited behavior. Parents are taught to expose the kids, gradually, to situations that frighten them rather than indulge fears

Sources: The National Research Council; The Institute of Medicine; The University of Michigan

tify the children of depressed parents early and give them skills to prevent their own first depressive episode?

In any given year, approximately 17% of Americans under 25 have a mental, emotional or behavioral disorder. (Over our lifetime, 46% of us will receive such a diagnosis.) If we reduce the proportion of young people who become mentally ill by even one-quarter, that would mean about 3.8 million saved each year from what can turn into a lifelong struggle.

But if most mental illnesses have a genetic origin, isn't even that modest 25%-reduction goal unlikely? The science can get tricky here, but the simple answer is that genes aren't destiny. You can't do anything to change your genome, but

your environment and experiences have powerful effects on the way those genes are expressed. A susceptibility to cancer may remain just a susceptibility—until you start smoking and kick the disease process into motion. Similarly, change a child's emotional experiences for the worse and you can trigger mental illness; change them for the better and you may hush the problem genes. One concrete example of this: in 2003, a study in *Science* found that the larger the number of copies an individual carries of a serotonin-transporter gene called 5-HTTLPR the greater the risk of developing major depressive disorder and suicidality—but only if the individual suffers stressful early-life experiences like abuse.

How long is the window between first symptoms and actual diagnosis? The National Academies report says that across several mental illnesses—including obsessive-compulsive disorder, depression and substance dependence—we have about two to three years to intervene and keep short-term symptoms from becoming long-term afflictions.

Depression offers particularly good evidence of this idea at work. Currently, about 5% of adolescents experience an episode of clinical depression in any given year. Rates of depression are three to four times as high among the children of depressed parents as among those whose parents aren't depressed. Dr. William Beardslee of Children's Hospital Boston, one of the

SCHIZO- PHRENIA

Substance ABUSE

depression

Post Traumatic Stress Disorder

If you have a schizophrenic parent, your risk for the illness is **5 to 15** times as high as that of the general population

Still, **90%** of schizophrenics have no family history

► Visual or auditory hallucinations

► Serious attention problems in childhood

► Jumbled thinking and difficulty expressing thoughts or ideas

An intervention developed in Maine uses low-dose antipsychotic medication and family psychoeducation for kids who are having prepsychotic symptoms

Substance-abuse rates in kids have been dropping for more than a decade, but it pays to remain alert. **One-third** of 8th-, 10th- and 12th-graders have used some kind of drug (including alcohol) at least once

► Thrill-seeking and impulsivity in childhood

► An early diagnosis of depression, an anxiety disorder or ADHD

► Significant mood swings

Efforts led by peers may work better than those led by teachers. Programs that focus on teaching practical skills (how to avoid peer pressure, for instance) are more successful than scare tactics

5% of adolescents experience depression in a given year; **20%** eventually do

Around age **13**, depression becomes twice as common among girls

► Declining interest in personal care or appearance

► A tendency to ruminate

► Expressions of powerlessness

► Persistent pessimism

One successful program helps at-risk kids change negative thinking patterns. Also, a Harvard approach teaches symptomatic kids that depression is treatable and has genetic origins, lifting the stigma

At least **12%** of those who perform high-stress rescue or police work develop PTSD. Rates among military men and women deployed to war zones may be triple that

► Fear that fails to diminish even after leaving a scary environment

► Exaggerated responses to stress

► Inability to sleep

Forcing victims to relive their trauma tends not to prevent illness. Rather, general psychotherapy shows promise in pre-empting symptoms among those who have undergone extreme stress

authors of the National Academies report, has spent more than 25 years studying how some kids of depressed parents avoid the illness, and he has found that resilience is key. The kids who don't develop depression are "activists and doers," Beardslee says. Even growing up in the darkness of a depressed home, they muster the capacity to engage deeply in relationships. They also are likelier than other kids to understand that they aren't to blame for their parents' disorder—and that they are free to chart their own course.

How do you foster resilience in order to prevent depression? Over the past 17 years, Beardslee's team has developed an early intervention that targets kids from families in which at least one parent is depressed.

Across several mental illnesses, after the first symptoms appear, we have two to three years to intervene and prevent them from becoming long-term afflictions

Like McFarlane, he uses a family-based approach because a bad home environment tends to be more predictive of adolescent mental illness than dysfunctional peer relationships are. Beardslee's Family Talk Intervention includes both separate meetings with parents and kids as well as family meetings with social workers or psychologists that focus in part on demystifying depression—explaining that it is a treatable illness, not a beast that will necessarily crush a family. In a randomized trial, Beardslee found that just seven sessions of this intervention decreased predepression symptoms among the kids and improved the parents' behavior and attitudes. All this makes kids more resilient.

Tackling Schizophrenia

McFarlane HADN'T GOTTEN FAR with the New York City schools in the 1980s, and his prevention work waned for a few years as he taught at Columbia University and wrote articles on his Multi-Family Group approach to treating psychosis. Eventually, he moved to Portland, Maine, where he had been offered the chairmanship of Maine Medical Center's psychiatry department. There, he settled into quieter, less paradigm-changing work.

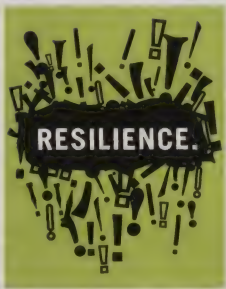
It wasn't until 1996 that his prevention work resumed. That year, a team of researchers in Norway—one that included Dr. Thomas McGlashan of Yale—approached McFarlane about training therapists to use the Multi-Family Group approach with patients who had just suffered a first psychotic episode. These patients already had the illness, so it was too late for prevention. But the Norwegians had succeeded where McFarlane had failed in New York: they had connected with schools and other local institutions to identify the first signs of psychosis and refer patients to the team immediately.

In October 1998, the picture grew still more promising when NATO sponsored a major psychotic-disorders conference in Prague, where McFarlane learned that several groups around the world, including one in Australia, had also been trying to prevent first episodes of psychosis. He returned from Prague and tried again to set up an early-detection system with schools, this time in Portland. By now, the stigma against mental illness had eased a bit; schools had seen a dramatic rise in emotional and behavioral problems during the '90s. Unlike their New York counterparts, Portland school superintendents welcomed McFarlane.

At about the same time, McGlashan's team at Yale was working on a screening interview that might distinguish kids who would become psychotic from those who wouldn't. McGlashan tested his questions at various sites in North America, including with teens who sought treatment in McFarlane's department in Portland. By 2001, McGlashan and his team had completed their "Structured Interview for Prodromal [pre-disease] Symptoms" (SIPS)—a two-hour assessment involving various oral tests and a family history. Those who meet SIPS criteria for risk are about 30 times as likely as the general population to develop a diagnosable psychotic disorder. SIPS allows for the careful scoring of warning signs, some of which are obvious (hearing mumbling that isn't there) and some of which are less so (changing your behavior because of a superstition).

McFarlane and his team connected

with most of Portland's principals and pediatricians. The message was simple: If you encounter kids who seem slightly off—prone to jumbled thoughts, maybe even hearing voices—send them our way. Among those referred to him, McFarlane found that 80% of those who met SIPS criteria for prodromal psychosis would receive a diagnosis of schizophrenia within 30 months. He put kids who met a certain SIPS threshold into Multi-Family Group psychoeducation. At first, he intended not to use drugs with these prediagnosis kids, particularly since the meds can cause side effects like weight gain, acne and uncontrollably shaky legs. But McFarlane found that once symptoms like auditory hallucinations started, he couldn't correct them with only psychosocial interventions. (Today, virtually everyone enrolled in his



Portland Identification and Early Referral prevention program is prescribed psychiatric medication.)

The combination of the family approach and drug support seems to be working well. The National Institute of Mental Health is funding a trial of McFarlane's work, and while he is still writing up his data for publication, his anecdotal results are promising: most of the kids are so far avoiding a first psychotic episode. Even those who have heard voices and nearly dropped out of high school are going to college and getting jobs.

But this approach doesn't come cheap. The kids who are enrolled are bombarded with care: social workers help them at school or work; therapists guide them and their families in individual and group sessions; a psychiatrist or nurse practitioner carefully calibrates their medication based on response rates and side effects.

When members of McFarlane's clinical team gather each day to discuss cases, they know virtually everything about their kids: they know about boyfriends, girlfriends and summer plans. They know the kids' grades in English class, how much pot they smoke, what they did on a recent trip to Disneyland. They know whether Dad just lost his job and if Mom's grandmother killed herself. This is what prevention of mental illness looks like: unwavering, sweeping, complicated. But it works.

One Family at a Time

THE ROBERT WOOD JOHNSON FOUNDATION is so impressed with McFarlane's program that it has devoted \$15 million to its national expansion. It is the foundation's single largest mental-health initiative. McFarlane's approach costs about \$3,500 per patient per year, but compare that with the \$150,000 a year to care for a hospitalized schizophrenic or severely bipolar patient.

Still, not all the kids McFarlane sees can be helped. Patti White is a plain-spoken 47-year-old Mainer who works for McFarlane as an administrative coordinator. She has a son who began experiencing psychotic symptoms a few years ago, and he might have seemed like a perfect fit for her boss's program. He wasn't; prevention isn't that easy. Instead, White's son Tyler, who turns 20 this month, was too far along in his illness—eventually diagnosed as schizoaffective disorder, a relative of schizophrenia—to benefit from prevention therapy. A social worker on McFarlane's team helped Tyler get into treatment, and he is doing better and holding down a job in food service.

But White has another son, Jacob, who causes her to worry. A few months ago, Jacob, 10, started to withdraw. He was getting paranoid. At school, he started seeing complicated machinations where none existed. And even though White works for one of the world's leading prevention experts, she at first resisted having Jacob take the SIPS test. "If his brother had had diabetes, I wouldn't have thought twice about having Jacob screened for diabetes," she says. "But I just couldn't deal with the idea that another one of my kids would have"—she pauses—"this enormous thing."

Three weeks ago, Jacob took SIPS. The good news: he showed no red flags for psychosis. He does have depressive symptoms and is now taking a low dose of Prozac to help prevent a full-blown depression. But for Jacob—and millions of other Americans with all manner of mental illness—intervention can now come in time. ■

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AMBIEN is indicated for short-term treatment to help you fall asleep.

AMBIEN and AMBIEN CR are treatment options you and your doctor can consider along with lifestyle changes. When taking either of them, don't drive or operate machinery. Plan to devote 7 to 8 hours to sleep before being active. Sleepwalking, and eating or driving while not fully awake, with memory loss for the event, as well as abnormal behaviors such as being more outgoing or aggressive than normal, confusion, agitation, and hallucinations may occur. Don't take it with alcohol as it may increase these

behaviors. In patients with depression, worsening of depression, including risk of suicide may occur. If you experience any of these behaviors contact your doctor immediately.

Allergic reactions such as shortness of breath, swelling of your tongue or throat, may occur and in rare cases may be fatal. If you have an allergic reaction while using AMBIEN or AMBIEN CR, contact your doctor immediately. Side effects of AMBIEN CR may include next-day drowsiness, dizziness and headache. There is a low occurrence of side effects associated with the short-term use of AMBIEN. The most commonly observed side effects in controlled clinical trials were drowsiness, dizziness, and diarrhea. AMBIEN is taken for 7 to 10 days—or longer as advised by your provider. AMBIEN CR can

be taken as long as your doctor recommends. AMBIEN and AMBIEN CR have some risk of dependency. They are non-narcotic.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



Medication Guide

AMBIEN CR® (am'be-an see ahr) C-IV (zolpidem tartrate extended-release tablets)

Read the Medication Guide that comes with AMBIEN CR before you start taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your doctor about your medical condition or treatment.

What is the most important information I should know about AMBIEN CR?

After taking AMBIEN CR, you may get up out of bed while not being fully awake and do an activity that you do not know you are doing. The next morning, you may not remember that you did anything during the night. You have a higher chance for doing these activities if you drink alcohol or take other medicines that make you sleepy with AMBIEN CR. Reported activities include:

- driving a car ("sleep-driving")
- making and eating food
- talking on the phone
- having sex
- sleep-walking

Call your doctor right away if you find out that you have done any of the above activities after taking AMBIEN CR.

Important:

1. Take AMBIEN CR exactly as prescribed

- Do not take more AMBIEN CR than prescribed.
- Take AMBIEN CR right before you get in bed, not sooner.

2. Do not take AMBIEN CR if you:

- drink alcohol
- take other medicines that can make you sleepy. Talk to your doctor about all of your medicines. Your doctor will tell you if you can take AMBIEN CR with your other medicines.
- cannot get a full night's sleep

What is AMBIEN CR?

AMBIEN CR is a sedative-hypnotic (sleep) medicine. AMBIEN CR is used in adults for the treatment of a sleep problem called insomnia. Symptoms of insomnia include:

- trouble falling asleep
- waking up often during the night

AMBIEN CR is not for children.

AMBIEN CR is a federally controlled substance (C-IV) because it can be abused or lead to dependence. Keep AMBIEN CR in a safe place to prevent misuse and abuse. Selling or giving away AMBIEN CR may harm others, and is against the law. Tell your doctor if you have ever abused or have been dependent on alcohol, prescription medicines or street drugs.

Who should not take AMBIEN CR?

Do not take AMBIEN CR if you are allergic to anything in it. See the end of this Medication Guide for a complete list of ingredients in AMBIEN CR.

AMBIEN CR may not be right for you. Before starting AMBIEN CR, tell your doctor about all of your health conditions, including if you:

- have a history of depression, mental illness, or suicidal thoughts
- have a history of drug or alcohol abuse or addiction
- have kidney or liver disease
- have a lung disease or breathing problems
- are pregnant, planning to become pregnant, or breastfeeding

Tell your doctor about all of the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. Medicines can interact with each other, sometimes causing serious side effects. **Do not take AMBIEN CR with other medicines that can make you sleepy.**

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take AMBIEN CR?

- Take AMBIEN CR exactly as prescribed. Do not take more AMBIEN CR than prescribed for you.
- Take AMBIEN CR right before you get into bed.
- Do not take AMBIEN CR unless you are able to stay in bed a full night (7-8 hours) before you must be active again.
- Swallow AMBIEN CR Tablets whole. Do not chew or break the tablets. Tell your doctor if you cannot swallow tablets whole.

- For faster sleep onset, AMBIEN CR should not be taken with or immediately after a meal.
- Call your doctor if your insomnia worsens or is not better within 7 to 10 days. This may mean that there is another condition causing your sleep problems.
- If you take too much AMBIEN CR or overdose, call your doctor or poison control center right away, or get emergency treatment.

What are the possible side effects of AMBIEN CR?

Serious side effects of AMBIEN CR include:

- **getting out of bed while not being fully awake and do an activity that you do not know you are doing.** (See "What is the most important information I should know about AMBIEN CR")
- **abnormal thoughts and behavior.** Symptoms include more outgoing or aggressive behavior than normal, confusion, agitation, hallucinations, worsening of depression, and suicidal thoughts or actions.
- **memory loss**
- **anxiety**
- **severe allergic reactions.** Symptoms include swelling of the tongue or throat, trouble breathing, and nausea and vomiting. Get emergency medical help if you get these symptoms after taking AMBIEN CR.

Call your doctor right away if you have any of the above side effects or any other side effects that worry you while using AMBIEN CR.

The most common side effects of AMBIEN CR are:

- headache
- sleepiness
- dizziness
- You may still feel drowsy the next day after taking AMBIEN CR. **Do not drive or do other dangerous activities after taking AMBIEN CR until you feel fully awake.**

After you stop taking a sleep medicine, you may have symptoms for 1 to 2 days such as: trouble sleeping, nausea, flushing, lightheadedness, uncontrolled crying, vomiting, stomach cramps, panic attack, nervousness, and stomach area pain.

These are not all the side effects of AMBIEN CR. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store AMBIEN CR?

- Store AMBIEN CR at room temperature, 59° to 77°F (15° to 25° C).
- **Keep AMBIEN CR and all medicines out of reach of children.**

General Information about AMBIEN CR

- Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.
- Do not use AMBIEN CR for a condition for which it was not prescribed.
- Do not share AMBIEN CR with other people, even if you think they have the same symptoms that you have. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about AMBIEN CR. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about AMBIEN CR that is written for healthcare professionals. For more information about AMBIEN CR, call 1-800-633-1610 or visit www.ambienr.com.

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Active Ingredient: Zolpidem tartrate

Inactive Ingredients: The 6.25 mg tablets contain: colloidal silicon dioxide, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, potassium bitartrate, red ferric oxide, sodium starch glycolate, and titanium dioxide. The 12.5 mg tablets contain: colloidal silicon dioxide, FD&C Blue #2, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, potassium bitartrate, sodium starch glycolate, titanium dioxide, and yellow ferric oxide.

Rx Only

This Medication Guide has been approved by the U.S. Food and Drug Administration.

sanofi-aventis U.S. LLC
Bridgewater, NJ 08807
January 2008a

Medication Guide
AMBIEN® (ām'bē-ən) **Tablets C-IV**
(zolpidem tartrate)

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- trouble falling asleep

AMBIEN is not for children.

AMBIEN is a federally controlled substance (C-IV) because it can be abused or lead to dependence. Keep AMBIEN in a safe place to prevent misuse and abuse. Selling or giving away AMBIEN may harm others, and is against the law. Tell your doctor if you have ever abused or have been dependent on alcohol, prescription medicines or street drugs.

Who should not take AMBIEN?

Do not take AMBIEN if you are allergic to anything in it. See the end of this Medication Guide for a complete list of ingredients in AMBIEN.

AMBIEN may not be right for you. Before starting AMBIEN, tell your doctor about all of your health conditions, including if you:

- have a history of depression, mental illness, or suicidal thoughts
- have a history of drug or alcohol abuse or addiction
- have kidney or liver disease
- have a lung disease or breathing problems
- are pregnant, planning to become pregnant, or breastfeeding

Tell your doctor about all of the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. Medicines can interact with each other, sometimes causing serious side effects. **Do not take AMBIEN with other medicines that can make you sleepy.**

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take AMBIEN?

- Take AMBIEN exactly as prescribed. Do not take more AMBIEN than prescribed for you.
- Take AMBIEN right before you get into bed.

- Do not take AMBIEN unless you are able to stay in bed for a full night (7-8 hours) before you must be active again.
- For faster sleep onset, AMBIEN should NOT be taken with or immediately after a meal.
- Call your doctor if your insomnia worsens or is not better within 7 to 10 days. This may mean that there is another condition causing your sleep problem.
- If you take too much AMBIEN or overdose, call your doctor or poison control center right away, or get emergency treatment.

What are the possible side effects of AMBIEN?

Serious side effects of AMBIEN include:

- **getting out of bed while not being fully awake and do an activity that you do not know you are doing.** (See "What is the most important information I should know about AMBIEN?")
- **abnormal thoughts and behavior.** Symptoms include more outgoing or aggressive behavior than normal, confusion, agitation, hallucinations, worsening of depression, and suicidal thoughts or actions.
- **memory loss**
- **anxiety**
- **severe allergic reactions.** Symptoms include swelling of the tongue or throat, trouble breathing, and nausea and vomiting. Get emergency medical help if you get these symptoms after taking AMBIEN.

Call your doctor right away if you have any of the above side effects or any other side effects that worry you while using AMBIEN.

The most common side effects of AMBIEN are:

- drowsiness
- dizziness
- diarrhea
- "drugged feelings"
- You may still feel drowsy the next day after taking AMBIEN. **Do not drive or do other dangerous activities after taking AMBIEN until you feel fully awake.**

After you stop taking a sleep medicine, you may have symptoms for 1 to 2 days such as: trouble sleeping, nausea, flushing, lightheadedness, uncontrolled crying, vomiting, stomach cramps, panic attack, nervousness, and stomach area pain.

These are not all the side effects of AMBIEN. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store AMBIEN?

- Store AMBIEN at room temperature, 68° to 77°F (20° to 25°C).
- **Keep AMBIEN and all medicines out of reach of children.**

General Information about AMBIEN

- Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.
- Do not use AMBIEN for a condition for which it was not prescribed.
- Do not share AMBIEN with other people, even if you think they have the same symptoms that you have. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about AMBIEN. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about AMBIEN that is written for healthcare professionals. For more information about AMBIEN, call 1-800-633-1610.

What are the ingredients in AMBIEN?

Active Ingredient: Zolpidem tartrate

Inactive Ingredients: hydroxypropyl methylcellulose, lactose, magnesium stearate, micro-crystalline cellulose, polyethylene glycol, sodium starch glycolate, and titanium dioxide. In addition, the 5 mg tablet contains FD&C Red No. 40, iron oxide colorant, and polysorbate 80.

Rx Only

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Bridgewater, NJ 08807

June 2008

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Food As Pharma

Can eating “functional foods” prevent chronic disease?

BY ALICE PARK

HIPPOCRATES ONCE said, “Let food be thy medicine and let thy medicine be food,” and doctors now believe that ancient Greek healer may have been onto something. We need food for nourishment, of course. Without it, our cells and tissues would wither away from starvation. But what's becoming clearer is that food is more than just fuel. What you eat can determine how elastic your blood vessels are, how easily you resist cancer-causing toxins and whether or not you will barrel down the road toward heart disease.

“There is an overwhelmingly strong database of studies suggesting that the quality of calories we eat has a huge impact on our well-being and our risk of chronic disease and longevity,” says Dr. David Ludwig, director of the Optimal Weight for Life Program at Children's Hospital Boston.

But does food have real power to prevent disease? That's the claim behind functional foods—products that are enhanced or otherwise designed to do much more than simply supply us with needed calories and nutrients.

And the early evidence suggests that the kitchen may indeed contain potent disease-fighting agents, just as the medicine cabinet does. In a groundbreaking 2002 study, researchers found that people at risk of diabetes could delay or in some cases even prevent the disease from developing by eating fewer calories, getting them from the right kinds of foods

Functional Foods

They're found on most grocery store shelves: functional foods are products enhanced with extra health-boosting ingredients they wouldn't naturally contain



**FUNCTION
OVER FORM**

Give your diet a lift: replace products you normally buy—juice, yogurt, butter—with versions that are better for your health

**eggs + omega 3**

If you feed hens good things, they will lay good eggs. When chickens eat flaxseed, high in omega-3 fatty acids, more of the healthy fats make it to your frying pan

**fruit juice + fiber**

Juice is simply fruit minus the fiber. Adding fiber, which helps the body absorb sugar from food more evenly, helps mitigate the sugar highs and lows that can trigger overeating

**milk + vitamin D**

Adding vitamin D began as a way to boost milk sales in the 1940s. Now it's a boon for most Americans, who don't get enough D, which helps build bone and prevent fractures

**spreads + plant sterols**

Plant oils, or sterols, don't tend to stick to blood-vessel walls as animal fats do, so other-than-butter spreads with added plant sterols can help lower cholesterol

**flour + folate**

Almost all flour now sold in the U.S. is fortified with folic acid, a synthetic form of the B-complex vitamin folate, which helps reduce the risk of spinal defects in newborns

**yogurt + probiotics**

There is such a thing as good bacteria. Probiotics are live microorganisms similar to the ones naturally found in your gut that can aid digestion and help keep you regular

**orange juice + calcium**

Most people don't get enough calcium in their diets, but studies show that sources like milk, supplements or calcium-added orange juice are equally good ways to get your daily requirement

and exercising more than two hours a week. Even more intriguing, the study revealed that people who were genetically predisposed to diabetes benefited most. In essence, diet and other lifestyle factors altered their genetic destiny.

But before you eat to treat, say experts, remember that not every health claim on a label makes the food a functional food—and not all functional foods help prevent or reverse disease. The Food and Drug Administration does not recognize functional foods as a category, which means that a product's promise to control cholesterol, tame inflammation or protect you from fractures may not be supported by studies. Experts don't even agree on the exact definition of a functional food, but many go by the simple guide that it's something that's often good for you to begin with and that has some added benefit not found in the food's natural state. Other than butter spreads enhanced with plant oils, for example, qualify as functional foods, since they are less likely than animal fats to contribute to plaques in blood vessels, and the added plant sterols help reduce cholesterol even further. Soft drinks with extra vitamins and minerals don't make the cut, however, since soda isn't nutritious to start with.

It's confusing, yes. But the best advice, according to experts: stick with foods that are naturally nutritious, and consider adding functional foods where you can. You have to eat anyway, so you might as well make it count.

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3rd Generation

*EPA-estimated 48 city/50 highway mpg. Actual mileage will vary. ©2009 Toyota Motor Sales, U.S.A., Inc.

A User's Guide To Good Health At Every Age

STAY UP TO DATE

The basics of good health are constant, but specific guidelines change often. Read, ask questions, and stay informed

The road to wellness begins in childhood and twists and turns over time. We asked five experts in prevention to give their best advice for staying healthy throughout life

BY TIFFANY SHARPLES

Childhood

0-12

AT THE DOCTOR'S OFFICE

GET ALL OF THE RECOMMENDED vaccinations. "All of them," says Dr. Joseph Hagan, a clinical professor of pediatrics at the University of Vermont College of Medicine. For children 12 or younger, these include hepatitis A and B, DTP (diphtheria, tetanus and pertussis), varicella and polio. For girls ages 11 and older, the Centers for Disease Control and Prevention (CDC) recommends the human papillomavirus vaccine. (The CDC website has a comprehensive schedule of vaccinations.) Pediatricians advise tracking children's body mass index, or BMI, the main indicator of healthy body weight; screening for anemia and autism before age 2; and checking for high cholesterol before age 10. New guidelines from the American Academy of Pediatrics suggest

'Ideally I want you to be sweaty for an hour every day.'

—DR. JOSEPH HAGAN,
UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE

considering cholesterol-lowering drugs for kids at high risk of heart disease as young as age 8.

DIET AND NUTRITION

HEALTHY EATING HABITS CAN'T begin early enough. For kids, the American Heart Association recommends a diet high in whole grains, vegetables and fruits—but with limited juice—and low in saturated fat, trans fat, salt and added sugars. Infants need extra fat and calories for development, but as they grow, they should begin to eat a leaner diet. "Until age 2, kids should be taking whole

milk," says Hagan, "but beginning at age 2, they should be on a lower-fat milk. We want them to develop a taste for low fat."

PHYSICAL FITNESS

FOR CHILDREN AGES 6 AND older and adolescents, the U.S. Department of Health and Human Services (HHS) recommends at least one hour of physical activity every day, including vigorous exercise at least three times per week. Kids should get a mix of aerobic (hiking, for example), muscle-building (rope-climbing) and bone-strengthening (running) activity. Hagan puts it simply: "Ideally I want you to be sweaty for an hour every day." That means limiting TV time to less than two hours per day and encouraging children to be active—how is up to them. Bike riding, jumping rope, soccer, playing outside after school? "That's all really good exercise," Hagan says.

BEHAVIOR AND MOOD

DOCTORS WELCOME LOTS OF questions from parents and children, especially if they're concerned about symptoms of anxiety or depression, or behavioral disorders such as

hyperactivity and autism, says Hagan. He encourages parents to have intimate talks at home early on, laying the foundation for more-complex discussions with their kids—about puberty and safe sex, say—as they develop. At what age "depends on the child," says Hagan, who usually broaches the subject of children's "private areas" at age 6. "Inevitably parents have had 'the talk' usually four to six months too late," he says.



Adolescence

13-18



AT THE DOCTOR'S OFFICE

"ADOLESCENTS SHOULD HAVE yearly checkups," says Dr. Michael Weitzman, a professor of pediatrics and psychiatry at NYU's Langone Medical Center. They should also update their inoculations—including a tetanus booster, the annual flu vaccine and, especially for college-bound kids, the meningitis vaccine. Additionally, the American College of Obstetricians and Gynecologists recommends that teenage girls have their first gynecologic visit when they are 13 to 15, and if they haven't done so yet, get the human papillomavirus vaccine.

DIET AND NUTRITION

"IT'S A LOT EASIER NOT TO develop problems than it is to cure them," says Weitzman. One-third of American teens are overweight or obese, which dramatically increases their risk for heart disease, Type 2 diabetes, asthma and other chronic ailments, including depression. While growing

teens need extra calories, they should get them from nutritious sources—not high-fat, high-calorie, high-sugar foods like cookies, soda, candy and fast food—and they shouldn't consume more calories than they expend. "On average, if you eat one to two cookies a day more than the energy you need, you'll gain a pound a month," says Weitzman, adding that maintaining a healthy diet is a whole-family affair. After all, kids are not typically the ones doing the grocery shopping. "You can't have foods in the house and ask only one person not to eat them," Weitzman says.

PHYSICAL FITNESS

PHYSICALITY IS A FRAUGHT subject in adolescence. While fitness and weight maintenance are crucial for disease prevention, putting too much emphasis on physical appearance—especially when so many teens already feel insecure and dissatisfied with how they look—could trigger unhealthy body-image issues. One way to make sure kids log off the computer or video-game console and get their minimum recommended one hour of physical activity per day is to encourage participation in organized sports—which is also a great way to foster self-esteem

and teamwork. But Weitzman cautions that sports should be primarily for the kids' satisfaction, not the parents'.

BEHAVIOR AND MOOD

TEENS ARE MOODY. THERE'S NO way around that, says Weitzman, and being able to distinguish a minor mood swing from a serious disorder takes practice. As a rule of thumb, any dark stage that persists beyond a week, affects friendship patterns or impairs performance in school "should raise a red flag for parents that something might be wrong," says Weitzman. Aside from depression, issues that often surface in adolescence include eating disorders, anxiety, stress and more serious mental illness, such as bipolar disorder, as well as experimentation with tobacco, alcohol, drugs and sex. At this age more than any other, and no matter how much teenagers resist, parental communication is important to catch early signs of a problem.

'It's a lot easier not to develop problems than it is to cure them.'

—DR. MICHAEL WEITZMAN, LANGONE MEDICAL CENTER, NYU

Young Adulthood

19-35

'If it glows in the dark, don't eat it.'

—DR. DAVID KATZ, YALE UNIVERSITY SCHOOL OF MEDICINE

AT THE DOCTOR'S OFFICE

"PATIENTS REALLY SHOULD BE empowered," says Dr. David Katz, director of the Prevention Research Center at Yale University School of Medicine. "You shouldn't assume that your doctor knows everything he or she should know." So preserving your good health means educating yourself. The U.S. Preventive Services Task Force

maintains comprehensive guides to the latest recommendations for disease prevention, which include blood-pressure screenings for all adults over 18, cervical-cancer screenings for all sexually active women, and counseling to help you quit smoking and keep a healthy weight and consume alcohol moderately, among other good habits.

DIET AND NUTRITION

NOW THAT YOU'RE PREPARING your own meals, it's important to learn how to choose your foods wisely. In general, that means selecting foods that will fill you up on fewer

Continued on page 89



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Investing in Our Community...the 56,000 dairy farm families and processors generate billions of dollars in economic benefits to local communities.

Investing in Our Environment...in many ways, dairy farmers are the original environmentalists. In the past sixty years, dairy farmers have reduced their carbon emissions by 63%*, the equivalent of taking 32 million cars off the road! And the dairy industry is committed to reducing carbon emissions 25% by 2020.

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Every day, you invest in your family's health. You want value and nutrition; dairy products deliver both. Milk, cheese and yogurt are naturally nutrient-rich in protein, vitamin D, potassium and calcium. Compare the cost per nutrient of dairy products to other food and beverages; you'll see the enormous value they provide. By investing in your family's health, you also support your local economy, your community and the environment.

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*Research conducted by Cornell University
(Judith L. Capoor, Barbara Camarero-Gutierrez, Roger A. Cady, and Dale E. Bauman, Journal of Animal Science, March 2009)

Young Adulthood 19-35

Continued from page 86

calories, Katz says. Start by opting for lots of single-ingredient foods—broccoli or salmon, say—instead of highly processed multi-ingredient products, with their long lists of additives and preservatives. In other words, put down the Cheez Doodles. "They're phosphorescent!" Katz exclaims. "If it glows in the dark, don't eat it." Instead, he recommends preparing a good-for-you snack to keep in your bag for those moments when you feel peckish. Having, say, a mix of dried fruits and almonds on hand

can prevent you from getting seduced by the vending machine. "It's your food equivalent of an umbrella," he says.

PHYSICAL FITNESS

NO TIME TO WORK OUT? KATZ doesn't buy that excuse. Exercise shouldn't be something that we're "making time" for, he says. It should be a daily given, like sleep or eating. "If you want a lifetime of robust health, you have to be religious about your physical activity," Katz says, which, according to HHS, means getting 2½ to five hours of moderate cardio, or 75 minutes to 2½ hours of intense cardio, each week, plus

weight training twice a week. But that doesn't mean you have to slog it out on a treadmill at the gym. Pick a truly enjoyable activity—and a workout partner if you can find one—that will make you sweat and that you can commit to, says Katz. "Put on music for half an hour every evening," he says, "and dance around your house!"

BEHAVIOR AND MOOD

YOUNG ADULTHOOD IS A MINEFIELD of mental and emotional trials—whether you're entering the workforce (or getting laid off) for the first time, coming home from war or having your first child. Now's the time

to monitor your mental health. The nonprofit organization Mental Health America has a 10-item checklist of tools for protecting and promoting your psychological well being. Some are good old common sense: eat well, exercise, get enough sleep, foster good friendships. But being mindful of your mental state means recognizing when you need outside help. The National Institute of Mental Health is a good starting point for resources for people who may be battling depression, eating disorders, social anxiety, posttraumatic stress disorder and other conditions.

Middle Adulthood

36-59

AT THE DOCTOR'S OFFICE

YOUR LIST OF RECOMMENDED medical tests is about to get longer: The U.S. Preventive Services Task Force says men should get their cholesterol checked regularly after age 35—women, after 45—and talk to the doctor about lipid-lowering medication if necessary. At age 40, women should begin getting mammograms every one to two years. (Women with a family history or other breast-cancer risk factors may start earlier.) The American Cancer Society advises doctors to discuss prostate-cancer screening—although its utility is still being debated by medical experts—with patients at age 50, or younger if they are at high risk for the disease. At 50, men and women should be screened for colorectal cancer. "There's a real need to keep up with vaccinations," says Dr. Jonathan Samet, chair of the department of preventive medicine at the University of Southern California's Keck School of Medicine. That includes tetanus, diphtheria,

'There's no better way to kill yourself in middle age than to smoke.'

—DR. JONATHAN SAMET, USC'S KECK SCHOOL OF MEDICINE

measles and mumps; the flu vaccine, advisable at all ages, should become a regular part of your preventive routine at 50, according to the CDC.

DIET AND NUTRITION

WEIGHT HAS A WAY OF SNEAKING into the middle-aged frame. "A teaspoon of sugar has 15 calories," says Samet. If you consume an extra teaspoon a day without burning off the calories, a year later, you've gained more than a pound. Ten years later, you've gained 15 pounds. Samet advises vigilance: find a healthy body weight and maintain it with a high-fiber, low-fat, low-sugar diet. Healthy foods should deliver much of your daily requirements of vitamins and

minerals. However, many women still don't get enough calcium, which puts them at risk for bone loss, and many Americans are deficient in vitamin D. Your doctor can test you for adequate levels of the vitamin.

PHYSICAL FITNESS

"TRYING TO MAINTAIN weight and fitness doesn't mean you have to be an Olympic athlete," says Samet. But a daily routine of physical activity gets more and more important as you age—not only to prevent weight gain and chronic illness but also to keep the brain sharp. Studies have shown that even small amounts of moderate exercise can help reduce the risk of dementia. In addition to cardiovascular exercise and strength training, doctors advise working on balance and flexibility, which can help protect against falls and injury in later life.

BEHAVIOR AND MOOD

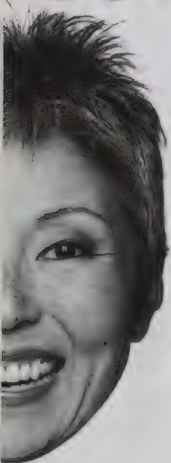
THE TERM *MIDDLE CRISIS* has become a cliché. Nevertheless, middle age can be an emotional low point. A 2008 study of 2 million people in 80 countries found that the middle-age years were associated with the highest risk of depression: at about age 40 for American women and 50 for

men. (The data suggest that mood improves from the 50s on.) One of the best ways to promote emotional well-being is to get your blood pumping—even a simple daily walk outside will do. And if any of your bad habits, like smoking or heavy drinking, have persisted into middle age, now is the time to kick them. "To bacco—just no," says Samet. "There's no better way to kill yourself in middle age."



Seniors

60+



AT THE DOCTOR'S OFFICE

VACCINATIONS AREN'T JUST for kids. Older adults should update their inoculations, including a tetanus booster every 10 years and an annual flu shot, and start new ones, like the pneumonia vaccine, that are particularly important after age 60. Dr. Rosanne Leipzig, vice chair of the department of geriatrics at Mount Sinai School of Medicine, also recommends Zostavax, a vaccine that studies have shown reduces the risk of shingles—a painful condition caused by the reactivation of the varicella zoster virus, the same one that causes chicken pox—by half in older adults. Apart from regular vaccinations, the U.S. Preventive Services Task Force suggests routine bone-density screenings for osteoporosis for women over 65. Leipzig says older patients should also be screened for balance problems and discuss fall prevention with their doctor. “More than a third of older adults fall each year,” she says, which leads to serious injury and disability. Indeed, one-quarter of older Americans who suffer a hip fracture from a fall—which research suggests may often be caused by poor balance

resulting from an inner-ear disorder—die within six months of the injury.

DIET AND NUTRITION

A LIFETIME OF HEALTHY eating pays off with overall well-being in late adulthood. But beyond a balanced and varied diet of whole grains, lean proteins and fruits and vegetables, vitamin supplementation becomes increasingly important in older age as the body's ability to absorb vital nutrients from food diminishes. That's particularly true with vitamin B12, says Leipzig, which is found in beef, poultry, fish, eggs and dairy products. For older adults, “B12 is something that you absorb better in a pill form,” Leipzig says. She also strongly recommends calcium and vitamin D supplements. In the U.S., “there is basically an epidemic at this point of vitamin D deficiency,” she says. Meanwhile, a growing body of evidence highlights the benefits of getting enough: vitamin D helps prevent rickets in children and severe bone loss in adults and may reduce the risk of multiple sclerosis, diabetes, cancer, heart disease and flu.

PHYSICAL FITNESS

“EXERCISE, EXERCISE, EXERCISE. It's the only wonder drug we have,” Leipzig says. Adults who are physically active not only have a lower risk of disease, depression and chronic pain from conditions like arthritis and back pain

but are also less vulnerable to dementia than their inactive peers. The government's exercise recommendations for older adults are identical to those for younger ones. Leipzig underscores a point made by other prevention specialists. “It has to be reasonable,” she says. “Walking 30 minutes a day, parking farther away at the supermarket—whatever it takes.”

BEHAVIOR AND MOOD

THE RISK FACTORS FOR disease and disability are pretty well known by now, but what about the factors that may stave off age-related decline—particularly of the mind? A recent study of 2,500 adults ages 70 to 79 published in the journal *Neurology* found that those who were able to preserve mental acuity had a few things in common: they exercised at least once a week, did not smoke, had a minimum of a high school education and a ninth-grade literacy level and were socially active. That last point is crucial, according to experts on aging, who say social connection—with friends or family or within the community—helps keep a mind healthy. Likewise, isolation can be a mark of decline, Leipzig says. “One of the signs that something may be happening is people start to be isolated, socialize less, want to go out less. That may be [due to] a mood disorder or an awareness that they can't keep up.” ■

‘Exercise, exercise, exercise. It's the only wonder drug we have.’

—DR. ROSANNE LEIPZIG, MOUNT SINAI SCHOOL OF MEDICINE

Online Resources

CHILDHOOD

Bright Futures, American Academy of Pediatrics
brighthouse.aap.org

Vaccine Guidelines, CDC
cdc.gov/vaccines

ADOLESCENCE

Adolescent Health, CDC
cdc.gov/HealthyYouth/az

YOUNG ADULTHOOD

Go Ask Alice! Columbia University's Health Q&A Website
goaskalice.columbia.edu

10 Tips for Mental Wellness, Mental Health America
nmha.org/go/loveyourlifewell

MIDDLE ADULTHOOD

Healthy Lifestyle Guidelines, American Heart Association
americanheart.org/healthylifestyle

2008 Physical Activity Guidelines, HHS
health.gov/paguidelines

SENIORS

Healthy Living, AARP
aarp.org/health/healthyliving

An inside look at a **different** way to help lower cholesterol.

Statins, a good option, work mainly with the liver.

ZETIA works in the digestive tract, as do some other cholesterol-lowering medicines.



A healthy diet and exercise are important, but sometimes they're not enough to get your cholesterol where it needs to be. ZETIA can complement your efforts. When added to a healthy diet, ZETIA can lower bad cholesterol (LDL) by an average of 18%.

Individual results may vary.

Important Risk Information About ZETIA:

ZETIA is a prescription medicine and should not be taken by people who are allergic to any of its ingredients. If you have ever had liver problems, are nursing or pregnant or may become pregnant, a doctor will decide if ZETIA alone is right for you.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. In clinical studies, patients reported few side effects while taking ZETIA. These included diarrhea, joint pains, and tiredness.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please read the Patient Product Information on the adjacent page. For more information, call 1-800-98-ZETIA or visit zetia.com.

Zetia®
(ezetimibe) Tablets

**A different way to help
fight cholesterol**

Ask your doctor if ZETIA is right for you.



To find out if you qualify, call 1-800-347-7503



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ZETIA® (ezetimibe) Tablets

Patient Information about ZETIA (zē't-ē-ā)

Generic name: ezetimibe (ē-zēt-ē-mīb)

Read this information carefully before you start taking ZETIA and each time you get more ZETIA. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about ZETIA, ask your doctor. Only your doctor can determine if ZETIA is right for you.

What is ZETIA?

ZETIA is a medicine used to lower levels of total cholesterol and LDL (bad) cholesterol in the blood. ZETIA is for patients who cannot control their cholesterol levels by diet and exercise alone. It can be used by itself or with other medicines to treat high cholesterol. You should stay on a cholesterol-lowering diet while taking this medicine.

ZETIA works to reduce the amount of cholesterol your body absorbs. ZETIA does not help you lose weight. ZETIA has not been shown to prevent heart disease or heart attacks.

For more information about cholesterol, see the "What should I know about high cholesterol?" section that follows.

Who should not take ZETIA?

- Do not take ZETIA if you are allergic to ezetimibe, the active ingredient in ZETIA, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section that follows.
- If you have active liver disease, do not take ZETIA while taking cholesterol-lowering medicines called statins.
- If you are pregnant or breast-feeding, do not take ZETIA while taking a statin.
- If you are a woman of childbearing age, you should use an effective method of birth control to prevent pregnancy while using ZETIA added to statin therapy.

ZETIA has not been studied in children under age 10.

What should I tell my doctor before and while taking ZETIA?

Tell your doctor about any prescription and non-prescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies. Tell your doctor if you:

- ever had liver problems. ZETIA may not be right for you.
- are pregnant or plan to become pregnant. Your doctor will discuss with you whether ZETIA is right for you.
- are breast-feeding. We do not know if ZETIA can pass to your baby through your milk. Your doctor will discuss with you whether ZETIA is right for you.
- experience unexplained muscle pain, tenderness, or weakness.

How should I take ZETIA?

- Take ZETIA once a day, with or without food. It may be easier to remember to take your dose if you do it at the same time every day, such as with breakfast, dinner, or at bedtime. If you also take another medicine to reduce your cholesterol, ask your doctor if you can take them at the same time.
- If you forget to take ZETIA, take it as soon as you remember. However, do not take more than one dose of ZETIA a day.
- Continue to follow a cholesterol-lowering diet while taking ZETIA. Ask your doctor if you need diet information.
- Keep taking ZETIA unless your doctor tells you to stop. It is important that you keep taking ZETIA even if you do not feel sick.

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking ZETIA with a statin and during treatment.

What are the possible side effects of ZETIA?

In clinical studies patients reported few side effects while taking ZETIA. These included diarrhea, joint pains, and feeling tired.

Patients have experienced severe muscle problems while taking ZETIA, usually when ZETIA was added to a statin drug. If you experience unexplained muscle pain, tenderness, or weakness while taking ZETIA, contact your doctor immediately. You need to do this promptly, because on rare occasions, these muscle problems can be serious, with muscle breakdown resulting in kidney damage.

Additionally, the following side effects have been reported in general use: allergic reactions (which may require treatment right away) including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing, rash, and hives; joint pain; muscle aches; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; dizziness; tingling sensation; depression; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on ZETIA. For a complete list of side effects, ask your doctor or pharmacist.

What should I know about high cholesterol?

Cholesterol is a type of fat found in your blood. Your total cholesterol is made up of LDL and HDL cholesterol.

LDL cholesterol is called "bad" cholesterol because it can build up in the wall of your arteries and form plaque. Over time, plaque build-up can cause a narrowing of the arteries. This narrowing can slow or block blood flow to your heart, brain, and other organs. High LDL cholesterol is a major cause of heart disease and one of the causes for stroke.

HDL cholesterol is called "good" cholesterol because it keeps the bad cholesterol from building up in the arteries.

Triglycerides also are fats found in your blood.

General information about ZETIA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ZETIA for a condition for which it was not prescribed. Do not give ZETIA to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about ZETIA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ZETIA that is written for health professionals.

Inactive ingredients:

Croscarmellose sodium, lactose monohydrate, magnesium stearate, microcrystalline cellulose, povidone, and sodium lauryl sulfate.



MERCK / Schering-Plough Pharmaceuticals

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Don't assume that never carrying
a balance means you're immune
from credit-card crackdowns

PERSONAL FINANCE, PAGE 95

Life

□ SOCIAL NORMS □ EDUCATION □ PERSONAL FINANCE □ GOING GREEN □ FAMILY TECH



SOCIAL NORMS

Facebook and Divorce. Social-networking sites are great for when you want to connect. But what about when you split?

BY BELINDA LUSCOMBE

NOT LONG AFTER PATRICK told his wife Tammie he wanted a divorce, she posted an angry, hurt note on "the wall," or public-comments section, of his Facebook page. Embarrassed that his colleagues, clients, church friends and family could see

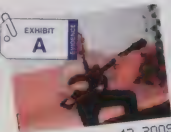
evidence of his marital woes, he deleted it and blocked his wife from seeing his page. A couple of days later, the IT worker in Florida—who asked that his last name not be used in this story—found alarmed messages from two Facebook friends in his inbox. Tammie had used a mutual friend's account to view Patrick's wall

and e-mailed several women he had had exchanges with. He says her e-mails were borderline defamatory. She says they merely noted that he was married with children, a fact he had left off his Facebook profile. Either way: Ouch.

For those who want to connect or reconnect with others, social-networking

sites are a huge, glorious honeypot. But for those who are disconnecting, they can make things quite sticky. And as the age of online-social-network users creeps up, it overlaps more with the age of divorce-lawyer users, resulting in the kind of semi-public laundry-airing that can turn aggrieved spouses

Antisocial Networking. It's called MySpace, but it's not private. Five no-nos for divorcing couples



Posted on May 12, 2009



Posted on June 8, 2009



Posted on April 4, 2009

A. Showing Off

Pictures or discussions of new purchases or vacations are fun, but they might color the court's view of your finances and affect your settlement.

B. Letting It All Hang Out

If you're in a custody battle, your ex's lawyers would love to present you as the nonnurturing type. Delete all the crazy party photos.

C. Getting Tagged

It's not just your page you have to worry about. Make sure your friends' photos of you can't be used against you either.

D. Venting

Don't talk smack about the lawyers, the judge and especially your spouse—on your page or anybody else's. (You think your kids never use a computer?)

E. Cutting Off Everyone at Once

Don't "defriend" in-laws or your ex's friends right away. People need time to adjust. Unless it's really high-conflict. Then go for it.

into enraged ones and friends into embarrassed spectators.

Lawyers, however, love these sites, which can be evidentiary gold mines. Did your husband's new girlfriend Twitter about getting a piece of jewelry? The court might regard that as marital assets being disbursed to a third party. Did your wife tell the court she's incapable of getting a job? Then your lawyer should ask why she's pursuing job interviews through LinkedIn.

Battles over finances and custody remain the two jima and Stalingrad of divorce cases. Opposing lawyers will press any advantage they have, and personal information on sites like Facebook, MySpace and LinkedIn is like decoded bulletins from enemy territory. "It's now just routine for us to go over with clients whether they have an active presence on the Web and if they Twitter or have a MySpace page," says Joseph Cordell of Cordell & Cordell, a domestic-relations

law firm with offices in 10 states. He advises his mostly male clients to scour their page—and their girlfriend's—for anything that could be used by their ex's legal team. Then Cordell studies the page of the soon-to-be ex-wife.

"We had a custody case where a mom assured the court that she hadn't been drinking," recalls the Missouri-based attorney. "But her MySpace page had actual dated photos of her drinking—and smoking, which is also of interest." In another case, a mom had listed herself on a dating site as single with no kids, which Cordell's firm used to cast doubt on her truthfulness.

And that's just the court-room stuff.

Half the fun of social-networking sites is the posting of personal news. The other half is the posting of personal opinion, something spurned spouses typically have in spades. MySpace and its ilk offer the giddy cocktail of

being able to say something in the privacy of your home that will be publicly accessible, along with a chaser of instant gratification. All this at a time when people are often less than their best selves. On the walls of two Facebook groups—I Hate My Ex-Husband and I Hate My Ex-Wife, which together had been joined by 236 Facebook users as of early June—posts include all manner of (often misspelled) vitriol, including some colorful British slang: "my husband is... a dirty smelly chavvy theivin alcoholic drug addict selfish scum bag" and "my ex wife is a no good lying slag," each of which was posted alongside a smiling photograph of the commenter.

Lawyers love these sites, which can be evidentiary gold mines

There's little the besmirched can do legally, unless there are children involved. Family-law courts routinely issue restraining orders to prevent one parent from disparaging another to a child. "The question is, If it's on the Internet, can that speech be blocked?" says Stephen Mindel, a managing partner at Feinberg, Mindel, Brandt & Klein in Los Angeles. "The First Amendment is going to come into conflict with the family-law courts."

Issuing an order to remove children's access to Facebook is pointless, says Chicago-based lawyer Jennifer Smetters. "The kids just go on a fishing expedition to find out what's so secret. And no child needs to see their parent being publicly humiliated." Smetters has seen cases where messages on a social-networking site were part of a harassment campaign that led to the court's issuing a civil order of protection.

It seems everybody—except perhaps some lawyers—would be better off if divorcing spouses gave each other some space on MySpace. But when confused, anguished people look for ways to work through their feelings, a social-networking site can be an almost irresistible venue.

Patrick and Tammie are still active on Facebook. So are decoupled East Coast residents Andrea and Adrian, even after "he told me he didn't have any money and then posted pictures of his new BMW bike," Andrea says. He says Facebook helped her stalk him. "It's had a very negative impact on our communication," he adds.

But there can be some positives. Tammie's friends post supportive messages on her Facebook page. And Patrick says he understands online social networks better now. "It's like putting everybody you know in the same room. I'm using it, but I'm much more careful." —WITH REPORTING BY LINA LOFARO ■

EDUCATION

Advanced Dumpster Diving. Instead of tossing what students leave behind, colleges are doing some serious salvaging



Closing exercises

1. Students collect unwanted items (as shown here at Brandeis)
2. Sort them (Ohio State)
3. Then sell or donate them (Bowdoin)

BY GILBERT CRUZ

THE SCAVENGERS ARRIVE ON college campuses like clockwork, in search of books, DVD players, barely worn clothes, lamps, couches and anything else that departing students didn't bother to take home. Every spring, several years' worth of accumulated goods are chucked into huge trash receptacles or placed on curbsides by harried undergrads.

That's when the Dumpster divers—townies and students alike—get to work. (I recall, eight years ago as an RA, raiding rooms in my apartment complex for espresso machines and other appliances that had been left behind.) Some come in search of academic items, others the purely recreational. This month, for example, a teen walking past a collection site for discarded goods at Princeton University picked up a toy gun that soon afterward was mistaken for the real thing, setting off an emergency response that resulted in a half-hour campus lockdown.

The junk problem at most colleges doesn't usually rise to that level of drama. It's more a persistent, slow-burning question: What are we going to do with all this... stuff? Over the past decade, schools like Princeton, NYU, Cornell, Harvard and Ohio State have each instituted some sort of program to collect unwanted items and either donate them to charity or sell them at the beginning of the following term.

"At the very end of every school year, on a big campus, it's like 10,000 evictions are happening at the same time," says Jeff Ferrell, a sociology professor at Texas Christian University and the author of *Empire of Scrounge*, a book on Dumpster diving. "What do you do with all that perfectly reusable stuff that gets tossed?" The answer, increasingly, is to start a collection program like TCU's Trash to Treasure.

It's a simple idea that is not that simple to execute. At George Washington University, housing director Matt Traim helps run a Green Move

THE HAUL

53,500 LB.

Weight of items George Washington University collected this year to give to charity

959 LB.

Weight of food collected at Texas Christian University

\$39,600

Money raised at Bowdoin College's sixth Give & Go event

Out program that collects food, clothes and other goods to give to local charities. Bins are placed in the lobby of every residence hall, and student volunteers help sort through the piles. This year—the program's fourth—they have collected about 53,500 lb. of donatable goods, much of which would have gone straight into the trash in days of yore.

Lisa Heller Boragine was a graduate student at Syracuse University when she realized how much colleges throw out unnecessarily. In 1995, Boragine ventured into a Dumpster in search of a lost ring. "I was floored by what was in there," she says. "There were TV sets, an unopened case of ramen noodles and a cigar box full of rare stamps." She went on to found Dump & Run, a nonprofit that has advised more than 30 institutions on how to salvage what students jettison, including some truly trashy items. "Someone at one school brought in a 3-ft.-tall inflatable Jesus," she says. "I'm pretty sure it went up for sale."

Is Your Credit Too Good? Why lenders are punishing those who borrow too little and always pay on time



BY CYBELE WEISSER

IF YOU PAY YOUR CREDIT-CARD bills in full each month, you probably didn't take much notice when President Barack Obama signed legislation in late May aimed at keeping banks from doing such things as raising interest rates with little or no notice and engaging in other consumer-unfriendly practices. But don't assume that just because you rarely carry a

balance, you are immune from poor treatment at the hands of credit-card issuers.

Banks have cut off or pared back an estimated \$1 trillion in credit lines since the peak of the credit boom, according to the now famously bearish analyst Meredith Whitney (who accurately predicted Citigroup's meltdown back in 2007). Moreover, according to a study from the maker of the all-important FICO credit score,

recent cutbacks have hit twice as many of the most financially responsible consumers—those with a median credit score of 770—as those with crummy credit. “These people have done everything right,” says Greg McBride, senior financial analyst with Bankrate.com, “and now some arbitrary decision could torpedo their credit score.”

Why? Because the formula for determining credit scores, which banks use to decide whether to give you a mortgage or any other loan, looks at something called your “utilization ratio,” the total amount of credit you use vs. the amount you have available. If you have \$25,000 worth of available credit and you put \$5,000 on your cards every month, your utilization ratio is a healthy, hey-I'm-living-within-my-means 20%. But cut down that credit line to \$10,000 and suddenly your ratio jumps to 50%, making you look pretty overextended.

So why would lenders target the good customers? Mainly because banks can't afford

Banks have cut off or pared back some \$1 trillion in credit lines since the peak of the credit boom

to take a lot of risk anymore. If you have, say, \$30,000 in unused credit sitting around, there's always the chance you'll start tapping into it in the event of a job loss or other financial crisis.

Adam Levin, co-founder of consumer-information website Credit.com, predicts credit-line cutbacks will accelerate as card companies try to shore up their finances before the new regulations take effect early next year. “Credit-card companies are on a reign of terror,” he says. “The new rules aren't going to change that anytime soon.” Adds McBride: “Consumers will have to brace themselves for higher fees, higher rates and lower lines going forward.” And that applies to those with good credit scores as well as bad. ■

GOOD CREDIT MOVES

Never carry a balance? That may not be enough these days to keep banks from reducing your credit line, which could drive down your credit score. Here's how to protect your credit:

STAY ACTIVE

Since more lenders are shutting inactive accounts, make a small purchase—like a tank of gas—every other month or so on all the cards you own, says Credit.com chairman Adam Levin.

AVOID RED FLAGS

Running up a big balance or taking cash advances on a card you rarely use may be viewed as a distress signal. Spread big purchases over a few cards.

DIVERSIFY

In general, you shouldn't keep all your debt with a single lender, says Ken Lin, CEO of CreditKarma.com. While one bank may decide you're a risky bet, another might be happy to keep your business.

THINK ABOUT TIMING

Opening new lines of credit will drag down your score in the short term. So it's probably best to hold off on this if you're planning to apply for a loan within the next six months.



A Delicate Undertaking

You can save virgin forests by using recycled toilet paper. But how hard is it to make the switch?

NO MATTER HOW GREEN YOU think you are, there's probably one hallowed place where concern for the environment doesn't even enter your mind: the bathroom. It's almost certain that the roll of toilet paper you're using is made not of recycled fiber but from felled trees—often from North America's virgin forests, which are as rare as they are rich in wildlife. "The paper industry is the No. 1 industrial pressure on forests," says Allen Hershkowitz, a senior scientist with the Natural Resources Defense Council (NRDC). "Using toilet paper made from virgin trees is the paper-industry equivalent of driving a Hummer."

Americans don't need to use an SUV every time they go to the bathroom. Which helps explain why this spring a mainstream brand, Scott, started offering toilet paper made with 40% recycled fiber. Switching to such material could make a big difference: the NRDC estimates that if every household in the U.S. replaced just one 500-sheet roll of virgin-fiber TP a year with a roll made from 100% recycled paper, nearly 425,000 trees would be saved annually.

Hence Greenpeace's four-year-long campaign to pressure paper companies like Kimberly-Clark—which makes Kleenex, Scott and Cottonelle, among other brands—to stop cutting down virgin forests. Says Lindsey Allen, Greenpeace's forest campaigner: "We know it's possible to act differently."

It's possible—but few Americans are doing it. Toilet paper containing 100%



Greener Toilet Paper

BRAND: Marcal Small Steps
POSTCONSUMER: 30%
OVERALL RECYCLED: 100%

COMFORT FACTOR
Not bad, despite feeling a bit like a fast-food napkin



BRAND: Seventh Generation
POSTCONSUMER: 80%
OVERALL RECYCLED: 100%

COMFORT FACTOR
Surprisingly good. Feels like regular, run-of-the-mill TP



BRAND: 365 Everyday Value
POSTCONSUMER: 80%
OVERALL RECYCLED: 100%

COMFORT FACTOR
Whole Foods' in-store brand feels a tad virtuous



BRAND: Scott Naturals
POSTCONSUMER: 40%
OVERALL RECYCLED: 40%

COMFORT FACTOR
Decent. Better than the cheapo stuff at the office

*Having been used in a consumer product and recycled for reuse

recycled fiber makes up less than 2% of the U.S. market, while sales of three-ply luxury brands like Cottonelle Ultra and Charmin Ultra Soft shot up 40% in 2008. Compare the U.S. desire for an ever plusher flush with the more austere bathroom habits of Europe and Latin America, where recycled TP makes up about 20% of the at-home market. Recycled material simply can't match the level of comfort that virgin fiber provides—and that U.S. consumers have come to expect. "They won't go for a green product unless you can make it equal to or better than the conventional alternative," says Kimberly-Clark spokesman Dave Dickson.

So is there a decent hybrid? Not from an environmental perspective. Greenpeace isn't a fan of Scott's new Naturals line because less than half the toilet paper is recycled material—and because its manufacturer has yet to adopt a less toxic bleaching process. And the group is only lukewarm about Marcal's Small Steps, which is 100% recycled but contains less than 50% postconsumer material, i.e., the paper you recycle at the office as opposed to scraps from manufacturing and other sources that have never been processed into consumer goods.

It's hard to argue against Greenpeace for taking such a hard line. Yes, recycled TP is not the world's softest, but next time you're on the can, ask yourself whether it's really worth tapping an ancient forest to create the ultimate disposable product.



King of the Grill

Viking's ritzy new smoker, plus a little gadget to monitor your grub, lets you achieve perfection

IT'S BEEN A WHILE SINCE I used state-of-the-art technology to harass a neighbor. Readers of this column might recall how last fall, when I was locked in a race to build a better man cave than my friend's across the street, I abused my position as a consumer-electronics writer so I could invite my buddy Dorfman to come check out my magnificent new 65-in. laser-powered HDTV from Mitsubishi. Victory was mine, at least for the 15 days until I had to give the TV back.

But this spring, when I heard that an upcoming barbecue competition on our block would pit me against Stock (Dorfman's next-door neighbor), I quailed. Stock is a barbecue bully. During the last cook-off, he planked a salmon that was epic—and he never stopped gloating about it. Now, with the Great Chicken Grill-Off only weeks away, he was mincing about with a plan to kill his own poultry. And I? I had nothing.

Help arrived in an e-mail from the Viking Range Corp.: Would I like to try its new 33-in. gravity-feed smoker? Faster than you can say *baby back ribs*, I drove down to a Viking distributor in Hayward, Calif., where a fellow named Mike Love gave me a quick demo of the \$3,000 cooker. Most smokers I've used look like something from *The Beverly Hillbillies*. The Viking smoker is a sleek, 375-lb. (170 kg) stainless-steel vault built to resemble a



high-end refrigerator. A cute little chimney vents smoke from the middle. The "gravity feed," Love pointed out, is nothing more than a long chute. It works much like a cat-food dispenser; you fill it with charcoal and smoke woods, which drop down as the lower stuff burns out, so you can set your temperature at a nice 250°F (about 120°C) and walk away for 12 hours. Hillbilly-type smokers require a lot more tending.

As if the cooker wasn't cool enough, Love handed me a palm-size thermometer. "Viking recommends you use this," he said of the DigiQ II (\$260 from thebbqguru.com).

With a tiny fan and two temperature probes—one for inside the pit and one for inside your food—the DigiQ ensures stable heat by using the fan to stoke the embers. It also sounds an alarm when your meat's cooked.

Stock was a dead man. And he didn't even know it yet. Over the next 10 days, I smoked chickens, ducks, brisket, pheasant and, most

FAIL-SAFE BBQ

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- 2 **GRAVITY FEED**
Controls 12 hours' worth of coals and wood chips so you don't need to keep feeding the beast
- 3 **DRIP PAN**
Easy to remove and clean
- 4 **ADJUSTABLE LEGS**
No wobbling!



Active thermometer
The DigiQ II ensures a stable pit temperature

delectable of all, ribs. I had lungs like a coal miner's but continued to smoke anything I could find. I almost threw my wife's little dog in there.

On the day of the competition, my neighbors arrived with their chickens. Stock brought something he called "Chicken Salad in the Style of Zuni Café." I took him out back and, with a flourish, unlatched the smoker door. Stock looked stricken. Then he brightened as I pulled out my entrée. "Ribs?" he snorted. They would disqualify me for it, but they would love me too, for these were the best ribs ever. Stock hasn't mentioned his salmon since.



Boys and Grills

Josh Quittner takes on his friend and BBQ nemesis at time.com/smoker



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If you're going to remake a '70s movie, it might as well be *Pelham*

MOVIES, PAGE 105

Arts



▣ PUBLISHING ▣ MOVIES ▣ BOOKS ▣ SHORT LIST

amazonkindle

PUBLISHING **Big River.**

Amazon is shaping the future of books and reading. Should we go with the flow?

BY LEV GROSSMAN AND ANDREA SACHS

CAYLA KLUVER WAS 14 WHEN SHE WROTE her first novel. It's a fantasy novel called *Legacy*, and it's about a certain Princess Alera of Hytanica who's being forced to marry the handsome but obnoxious Lord Steldor when she's really interested in the handsome but mysterious Narian, who hails from Hytanica's bitter enemy, Cokyri.

When she was 15, Klover and her mom, who live in Wisconsin, formed their own publishing company to publish *Legacy*.

Screen saver

At \$9.99 a pop, most Kindle editions are a net loss for Amazon—for now

Sales were modest, but the book attracted some rave reader reviews on Amazon.com. At 16, when most authors are years away from getting their first big break, Kluger is getting her second: this August, Amazon is going to relaunch *Legacy* on a grand scale.

The whole story is practically a fantasy: Amazon plucked Kluger out of obscurity to be the first author in its Amazon Encore program, which takes worthy but overlooked books and republishes them for a wider audience. But there's something odd about it too. If Amazon is a bookstore, it's supposed to be buying from publishers, not competing with them. Right?

Except it isn't just a bookstore. As numerous publishing journalists and bloggers have pointed out, Amazon has diversified itself so comprehensively over the past five years that it's hard to say exactly what it is anymore. Amazon has a presence in almost every niche of the book industry. It runs a print-on-demand service (BookSurge) and a self-publishing service (CreateSpace). It sells e-books and an e-device to read them on (the Kindle, a new version of which, the DX, went on sale June 10). In 2008 alone, Amazon acquired Audible.com, a leading audiobooks company; AbeBooks, a major online used-book retailer; and Shelfari, a Facebook-like social network for readers. In April of this year, it snapped up Lexcycle, which makes an e-reading app for the iPhone called Stanza. And now there's Amazon Encore, which makes Amazon a print publisher too.

No question, Amazon is the most forward-thinking company in the book business. If there's a Steve Jobs of books, it's Amazon's founder, Jeff Bezos. His vision is defining the way books will be bought and sold and written and read in the digital world—which is to say, the world. The question is whether there will be room in it for anyone besides Amazon.

The Amazonians are really good at selling books online, and publishers love them for it. But some think the discounts Amazon asks for are getting too deep

The Perils of Verticality

IF YOU'RE A READER, YOU PROBABLY CONSIDER Amazon your friend. And it is. It recommends books to you and gets them to your door for cheap. But try shifting your point of view to that of a publisher and Amazon starts looking a bit scarier.

The Amazonians are really good at selling books online, and publishers love them for it. But because Amazon is so much better than anybody else at selling books online—last year, it owned 43% of that market, according to the bibliographic information company R.R. Bowker—it has a lot of power at the negotiating table. All retailers get discounts from their wholesalers, but some publishers think the discounts Amazon asks for are getting too deep. "They're fast approaching the point where we just can't afford to do business with them," says a well-known New York book editor, who asked not to be identified. "It'll be interesting to see what happens then."

Publishing is a genteel business, and publishers aren't used to playing hardball. Amazon is, and it does. "I think it's fair to say there's some tension," says Jim Milliot, business and news director at *Publishers Weekly*. "They're the dominant online retailer. Publishers really aren't in the position to argue. Or to fight back." Last year, in a widely publicized scuffle, Amazon disabled its "Buy now with 1-click" button for some books published by Hachette's U.K. division after the companies disagreed about sales terms.

The whole digital revolution just makes

things more complicated. For example: How much should an e-book cost? Right now, Amazon prices most of its Kindle editions at \$9.99, which is quite a bit less than the cost of your average hardcover book. "In the digital-books world, a number of the costs are removed, so we believe they should be priced lower," says Russell Grandinetti, vice president of books for Amazon. "Our approach to digital books is that we will allow that to continue."

For now, Amazon takes a loss on these books, since it buys them from publishers at the price of a regular hardcover. The company considers it an investment in getting the Kindle established as a platform. But eventually—soon—it's going to want publishers to start sharing the pain. This may seem a nitpicky issue, but once e-books become a significant part of the market, the price of a Kindle edition could mean the difference between the red and the black for some publishers. "That's the detonation point," says Dennis Johnson, publisher of the prominent small press Melville House. "Because nobody can make a book that sells for \$9.99." Yes, you save on printing and shipping, he says, but that's only a small fraction of what it costs to make a book.

Don't get them wrong: publishers are thrilled that Amazon is putting all these resources into the Kindle. Any new retail channel for books is a godsend. They're just concerned that the precedent being set is unworkable. "Amazon picked a cost in the beginning that they believed the consumer would like, and of course, the consumer likes it," says Carolyn Reidy, president and CEO of Simon & Schuster. "Who wouldn't like a price that was significantly lower than the price the hardcover is? And we think it's too low." (Grandinetti sticks to his guns: "We believe our approach to digital books allows authors, publishers and retailers to run profitable businesses yet still pass on the savings that digital books allow to readers," he says. Right or wrong, nobody

Vaster Than Empires. How Amazon got big



AMAZON LAUNCHES

Jeff Bezos left a cushy job in finance to follow his crazy dream of starting an online bookstore. The site went live on July 1, 1995. Après moi le déluge.



RECOMMENDATIONS

It's hard to believe that it was ever a novelty to have a piece of software suggest books for further reading. But until September 1997, it was.



MUSIC AND VIDEOS

When he started Amazon, Bezos deliberately picked a general, nonliterary name because he knew he'd be selling more than books. Right as usual. In 1998, Amazon branched out into CDs and DVDs.



AMAZON MARKETPLACE

As long as you're beating 'em, you might as well charge 'em too. In 2001, Amazon opened up its all-conquering e-commerce infrastructure for use by third-party vendors.



AMAZON UNBOX

With characteristic fearlessness, Bezos challenged Apple's iTunes store in 2006 with a music-and-video-downloading service of his own. Results have been uncharacteristically mixed.



THE KINDLE

In 2007, Amazon jumped-started the faltering e-books industry with the first breakout handheld reading device and an online e-book store to go with it.



Turning the page Amazon founder Jeff Bezos, holding the new big-screen Kindle DX

can stay on message like an Amazon exec.)

Such are the conundrums raised by a company that has attained the radical verticality that Amazon has: when it comes to e-books, Amazon doesn't just sell them; it practically owns the entire medium. Of course, they'll all have to make nice eventually, since Amazon needs publishers to survive and thrive. Or does it?

Here's an interesting factoid: last year, for the first time in history, more books were self-published in the U.S. than were published the regular way. Amazon has invested heavily in publisher-free publishing, and it's paying off handsomely. The sector has seen two straight years of triple-digit growth, and on the cultural side, the stigma associated with "vanity" publishing is wearing away.

Or if Amazon can't make a deal with the publishers, it can always just become a publisher. That's where Princess Alera of Hytania makes her royal entrance. Last year, speaking to *Publishers Weekly*, Bezos

pooh-poohed the idea of Amazon publishing books: "I'm not sure we have any skills per se to be a content originator," he said. "Why would we be better at it? It's a well-served industry." That it may be. But as Amazon Encore demonstrates, Amazon does have one very important skill: it gathers better data on how readers buy books than anybody else. "We're lucky enough to have a passionate customer base who comes to our store and tells us about books that they like," Grandinetti says. "Even great books can be overlooked." When they are, Amazon is the first to know about it.

If Amazon Encore pans out, what's to stop authors from signing directly with bookstores and cutting publishers out of the loop completely? U2 and Madonna don't have deals with record labels anymore; they did their deals with a concert promoter, LiveNation. That stuff that the labels used to do—production, promotion, distribution—it's just not that hard to DIY now or buy off the shelf. It's the same with

publishing. Amazon could become the LiveNation of the book world, a literary ecosystem unto itself: agent, editor, publisher, printer and bookstore. It probably will.

The Sky Isn't Falling

BUT IT'S A BIG LEAP FROM THERE TO CONCLUDING that publishers are going to perish or that Amazon wants them to. It's true that Amazon plays hardball with them, but that's partly because the online-book world—unlike the real-life Amazon—isn't particularly biodiverse yet. If publishers aren't in a position to check Amazon directly, the market is, or it will be. There will be some painful scenes while we wait for that to happen, but already Google—a company that never met a loss leader it didn't like—has announced its intention to start selling e-books before the end of the year. "Within the next six to nine months, there will be many new devices, some new platforms and formats and a number of big companies entering this field that don't currently have a presence," says Michael Cader, founder of *Publishers Lunch*, an e-newsletter for book-world insiders.

As for Amazon the publisher, it's hard to imagine it competing seriously with conventional publishers. Its DNA is just too alien. When Amazon uses its customer base to crowd-source editorial selection, it's doing something radically different from what regular publishers do. "This is a very different method of discovering books than the more classic publishing process," Grandinetti explains. "The robustness of Amazon customer data is a different view into what people are looking for in a book."

He's right. A different editorial method will engage a very different set of literary values. Imagine a world where publishing has two centers rather than one: a conventional literary center, governed by mainstream publishing—with its big names and fancy prizes and high-end art direction—and a new one where books rise to fame and prominence YouTube-style, in the rough and tumble of the great Web 2.0 mosh pit. The two centers will affect each other gravitationally and swap authors back and forth between them, but they're not likely to eat each other. With any luck, they'll energize each other.

Which is why the future of books won't be purely Amazonian. It's not an either/or future. It's both/and. It will have publishers and self-publishers and books and Kindles and probably other devices in it too. The rise of a new model doesn't require the death of the old one. In fairy-tale terms, Princess Alera won't have to choose between the politically expedient Seldor and the mysteriously alluring Narian. She can have them both and live happily ever after. Or if not happily, at least she'll have plenty to read. ■



Smoky flavor Food, Inc. shows how America's edibles changed as the nation journeyed from agrarian to industrialized

MOVIES

Eater's Digest. *Food, Inc.* takes a critical look at the American food industry. Don't despair—there's hope

BY MARY POLS

THERE'S A CORNER OF MY BOOKSHELF THAT I think of as the region of Reader Guilt crossed with Digestive Despair. Michael Pollan's 2006 best seller, *The Omnivore's Dilemma*, resides there, its elegant shoulder pressed up against that of greasier, grittier but also very fine *Fast Food Nation* (2001), another best seller, by Eric Schlosser.

While first enraptured by these books, I eagerly regurgitated their messages about what's wrong with the U.S. food system (essentially, everything) to everyone around me, throwing out data about the horrors of our centralized feedlots, where livestock is fattened on an unnatural diet based on corn, or the horrors of our supermarkets, where we are offered the same grotesque opportunity, since corn and its by-products are found in everything from Coke to ketchup. And yet I admit to abandoning Pollan on page 182 and Schlosser not long after his chapter "Why the Fries Taste Good," which should have been called "Let Me Rid You of That Fry Craving for Good." Why? I was overwhelmed. Every meal I had to shop for, cook and serve

my family between chapters loomed like a toxin-filled minefield.

Now I have the bracing tonic of Robert Kenner's passionate, witty documentary *Food, Inc.* to reinspire me. As important as any of Michael Moore's polemics but free of his obnoxious techniques, the film presents the wealth of Pollan's and Schlosser's reporting in a succinct and compelling format. Starting with a tour of our supermarket shelves, it traces our evolution from an agrarian nation to one of monoculture—approximately 30% of U.S. cropland is planted with corn, which is easy to grow but, since it's rarely served in healthful ways, hard to stomach. We meet the meat, most of it miserable, corn-fed, dosed with antibiotics and on its way to centralized slaughterhouses and processing plants.

The film produces fresh faces to illustrate some of the crucial points of *Fast Food Nation* and *The Omnivore's Dilemma*

Kenner shows us farmers in peril, powerful corporations in charge, scientists cooking up genetically modified foods and the toll the system takes on our health and sometimes even our lives. But in giving us a taste of the rising rebellion against this centralized food system, the film offers the crucial kernel of encouragement that the whole mess might not be insurmountable.

Meeting the Meat

FOOD, INC. FEATURES INTERVIEWS WITH Pollan and co-producer Schlosser, as well as one of *Omnivore's* most charismatic characters, Joel Salatin, a Virginia farmer. Salatin feeds his livestock grass and waxes eloquent while reclining in a patch of his animals' dinner entrée, looking nearly ready for *Playgirl's* Multiple-Organic Issue. But the film is not just a distilled version of Pollan and Schlosser; it produces fresh faces to neatly illustrate some of the denser but crucial points of their reporting. (The 2006 feature film *Fast Food Nation*, director Richard Linklater's adaptation of Schlosser's book, diminished its own sense of urgency with a fictionalized narrative.)

Among the new characters Kenner

introduces us to are an impoverished immigrant family of four—the dad is diabetic—struggling with the baffling reality that fast-food hamburgers are cheaper than a head of broccoli. And a brave chicken farmer lets Kenner's cameras see her operation, only to subsequently lose her contract with Perdue.

The emotional anchor of the film is a lifelong Republican named Barbara Kowalczyk, who has been lobbying on behalf of food safety since she lost her 2-year-old son Kevin to *E. coli* after he ate tainted ground beef. (In 2007, 73,000 people were sickened by the *E. coli* virus, one of many chilling statistics cited in the film.) She's a steady woman of few words, but the ones she uses to convey her anguish are devastating: "He begged for water," she remembers of her child's 12-day struggle to stay alive. Since 2002, she has lobbied—unsuccessfully to date—on behalf of Kevin's Law, which would allow the USDA to close plants that have repeatedly turned out tainted products, a power the agency began wielding in 1998 and lost in 2001 after being taken to court by the meat and poultry associations.

The people we don't hear from are those who control the U.S. food industry. The film takes us to meat processing plants and slaughterhouses (sometimes with hidden cameras), offering glimpses of chickens collapsing under the weight of their own breasts or the truly revolting production of bleached hamburger "filler." But nearly every time Kenner asks a corporation such as Perdue, Smithfield or Monsanto for comment, he's refused.

Only Wal-Mart is represented on camera, taking a careful, profit-conscious step toward selling organically produced foods. The company's executives earn points for smiling through a farmer's gleeful pronouncement that she boycotts the store. That they, along with Stonyfield Farm organic yogurt mogul Gary Hirshberg, come off favorably might not sit well with Pollan, who devoted a damning chapter to what he calls "Big Organic." But there need to be bright signs in a film like this, if only to allow its hopeful message to get through. As Pollan writes (on page 257 of *Omnivore*—the film gave me courage to finish), "We can still decide, every day, what we're going to put into our bodies, what sort of food chain we want to participate in." And as the movie demonstrates, we can vote at the market or even with the gardens we plant.

Speaking of which, if a certain lady in Washington with an organic garden, who happens to be married to a guy who loves a hamburger, would like a screening of *Food, Inc.*, Kenner would probably be happy to oblige. ■

MOVIES

Subterranean Homesick Blues.

The Taking of Pelham 1 2 3 hijacks a '70s vision of down-and-out New York

BY RICHARD CORLISS

NEW YORK CITY HAS PROVIDED THE world with many disquieting visions over the years but few more surprising than the sight of Denzel Washington in *The Taking of Pelham 1 2 3*. Sitting at a subway dispatcher's console, the usually impeccable movie hero looks puffy and has a gut you could park a Hummer on. Weighing in at a sedentary 220 lb., he's playing a desk jockey burdened by the usual bureaucratic bull plus a scandal that has put his career in the com-mo-de. And now, on the other end of the line, he's got a chatty psychopath (John Travolta) who just hijacked a Pelham local and wants \$10 million, cash, in an hour flat—or he'll commence killing his passenger-hostages, one a minute.

Directed by Tony Scott (*Top Gun*, *Deja Vu*) with his usual gusto and a few too many circling camera movements, this conventionally compelling movie is packed with reliable thriller ingredients: the criminal mastermind, the clock ticking toward certain doom, the run-

away train, the ordinary man tapped for a suicidal mission. It's based on the John Godey novel and the 1974 film version, *The Taking of Pelham One Two Three*, with Walter Matthau as the transit cop and Robert Shaw as the hijacker. Both movies speak volumes about the state of the entertainment industry, then and now.

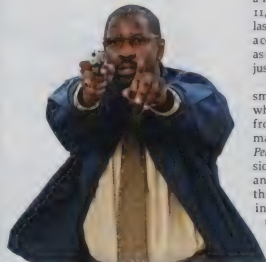
In the mid-'70s, near bankruptcy and a soaring murder rate had made New York City the poster child for urban dystopia, and Hollywood, which at the time was actually interested in reflecting contemporary society, turned out a raft of films—*Serpico*, *Death Wish*, *Dog Day Afternoon*, *Taxi Driver*—that navigated that stinky Styx. *Pelham* was one of those gritty exposés, and a tarnished time capsule of Gotham crime, sludge and cynicism. ("What the hell do they expect for their lousy 35¢?" a city employee says of the subway hostages. "To live forever?") Resilience too: Matthau is as wily as he is weary, and the passengers aren't so scared that they can't give a lot of lip back to their captors.

Today the subway fare is \$2, and New York, which has the lowest crime rate of any large U.S. city, is the center of another national trauma: the financial crisis. In one sense, the new *Pelham* (written by Brian Koppelman, who won an Oscar for his *L.A. Confidential* script) has a stethoscope to that malaise when it alludes to the toxicity of insider trading. There's also a superrich mayor (James Gandolfini) who could be an outside Michael Bloomberg. But most of the film takes place in a fantasy present, where the Dow is at 11,000—a relic of that halcyon era, i.e., last year, when the movie was shot. And a congestion of cars, arranged as carefully as clusters of Rockettes, isn't traffic; it's just the backdrop for a spectacular crash.

Washington's constricted calm is a smart contrast to the manic Travolta, who's channeling his strutting killer from *Face/Off*. If you're going to remake a '70s movie, it might as well be *Pelham*, an action film where the tension is conveyed mainly in phone calls, and it ought to work as efficiently as this one. But wouldn't it be nice, once in a while, for Hollywood to turn contemporary traumas into vigorous movies instead of hijacking the anxieties of the past? ■

'What the hell do they expect for their lousy 35¢?' a city employee says of the hostages in the original film

Washington plays a subway dispatcher who rises to the occasion



BOOKS

Crash Course. What does it mean when your plane falls out of the sky? Two survivors explore the impact

BY LEV GROSSMAN

ON THE MORNING OF FEB. 19, 1979, a Cessna 172 took off from Santa Monica, Calif., bound for the ski resort Big Bear. On board were Norman Ollestad, his father, his father's girlfriend Sandra and the pilot. Crossing the San Gabriel Mountains in heavy gray snow clouds, the plane failed to clear Ontario Peak. It crashed into the mountain at 8,200 ft. (2,500 m), just short of the summit, in the middle of a blizzard. Norman and Sandra survived the initial impact, but only Norman made it down off the mountain. He was 11.

Your chances of being involved in a plane crash are pretty slim. By some estimates, they're as low as 1 in 11 million. But should you live through one—possibly as a gesture toward cosmic compensation—your shot at a book deal goes way up. There are two new memoirs out by survivors of plane crashes: Ollestad's *Crazy for the Storm* (Ecco; 272 pages) and Robert Sabbag's *Down Around Midnight* (Viking; 214 pages). Starbucks has picked Ollestad's memoir for its book program, and you can see why: plane crashes are usually unknowable, secret events. We may never find the black box from Air France Flight 447, lost off the coast of Brazil on June 1. But from these crashes, we have something even better.

Before he survived the crash, Ollestad had to survive his childhood. His father was a dashing adventurer who pushed his son to feats of preadolescent derring do as a surfer and skier that are unimaginable by today's nurturing parental standards. It may have been his familiarity with physical danger, and his calmness in the face of it, that saved Ollestad on Ontario Peak. It helped him manage the psychic aftermath too, to put a frame

around it. To the Ollestads, life was "raw and wild and wonderfully unpredictable." To be paralyzed by fear of it, by the inevitability of pain and loss, would be the real tragedy.

Sabbag was even unluckier than Ollestad, if that's possible. In 1979—four months after Ollestad's crash—Sabbag was on an Air New England flight that went down in a trackless forest just short of the airport on Cape Cod. There was no warning. "I breathed in," he remembers, "and when I breathed out I was pulling six Gs." His back and pelvis snapped on impact. He survived—along with the co-pilot and the other seven passengers,

though not the pilot—and even learned to walk again. But he never escaped a sense that his life had been broken neatly in two at that moment. In *Down Around Midnight*, Sabbag seeks out his fellow travelers in an attempt to figure out exactly what happened that night—and what it meant.

Sabbag is more of a writer than Ollestad. At the time of the crash, he was already a published author, and he has a knack for thumbnail portraits and sardonic humor, whereas Ollestad's prose has a more breathless, unpolished, confessional quality. But Sabbag's book, while more eloquent, is less complete. If there is a tragedy in *Down Around Midnight*, it is not of the Greek kind—Sabbag's bad luck was purely random, and if there was a fatal flaw involved, it wasn't his. He circles and circles around the trauma, interviewing his fellow victims, and their relatives, and even the emergency workers who beat a trail through the woods to save them. But he never arrives at an epiphany big enough to match the magnitude of what happened to him—the terrible secret remains a secret even from him. Like the flight he took that fateful night, *Down Around Midnight* is a journey that ends before it reaches its destination. ■

Sabbag never escaped a sense that his life had been broken in two at the moment of the crash

FIRST LINE

The flight was an hour and a half late out of La Guardia: Air New England Flight 248, the last of the night, bound for Cape Cod.



FIRST LINES

February 19, 1979. At seven that morning, my dad, his girlfriend Sandra and I took off from Santa Monica Airport headed for the mountains of Big Bear.



Short List

TIME'S PICKS FOR THE WEEK



1 MOVIE Moon

We have met the future, and he is us, kind of. Sam Rockwell (in a tense and tender performance) is the lone astronaut in a Kubrickian space odyssey from director Duncan Jones, who was famous in infancy as David Bowie's son Zowie. As this subtle, stellar doppelgänger tale proves, he's his own man now.

2 BOOK Fordlandia

Henry Ford needed rubber. So in 1927 he bought up 2.5 million acres of Amazon jungle and founded a colony: Fordlandia. As Greg Grandin tells it, his attempt to impose assembly-line order on the world's most chaotic ecosystem is a quintessentially American fable.

3 WEBSITE Infinite Summer

For years, you've been meaning to read the late David Foster Wallace's 1,079-page masterpiece, *Infinite Jest*. You're not the only one. "Endurance bibliophiles" are gathering at infinitesummer.org to slay the giant: 75 pages a week, June 21 to Sept. 22. One rule: no spoilers.

4 BOOK Dark Places

"I have a meanness inside me, real as an organ." A great, nasty first line if ever there was one, and the rest of Gillian Flynn's unabashedly grim mystery—about the survivor of a bloody family massacre and her search for the truth a quarter-century later—follows suit.

5 DVD Nicotina

In this fast, funny Mexican thriller, cybercrooks collide with civilians, all of them edgy from being addicted to cigarettes or trying to quit. Fear, greed and sex tangle in a plot with more twists than a curl of smoke going through a double helix. Have a look; it'll light you up.

Arts Online

For more reviews and openings this weekend, go to time.com/entertainment



David Cross's Short List

Busy funnyman David Cross plays Cain in the comedy *Year One*, out June 19; his book *I Drink for a Reason* hits stores in August; and he'll soon start work on the critically acclaimed TV show, in which he'll reprise his role as Tobias Fünke, a failed psychiatrist turned aspiring actor. Cross spends his downtime gaming in an underwater Utopia and studying the oeuvre of Steven Seagal.

A comedian's comedian

He's been a great stand-up for decades, but Louie C.K. is doing his best work ever. Speaking truly about his pain and his disappointment in himself as well as the rest of humanity with a sense of urgency, he's America's most important and funniest comedian.

Biblical blunders

Misquoting Jesus by Bart D. Ehrman may be a bit dry, but it's fascinating to read the history of the Bible and how the author, a religion professor and biblical scholar, came to realize that the Bible used today is an error-filled, errant mess of inaccuracies, purposeful "mistakes" and outright lies.

The Seagal chronicles

Seagalogy by Vern is a nearly 400-page book that analyzes the plots and meanings of every Steven Seagal film made, including the straight-to-DVD nonsense that has defined this tragic clown's output since the early aughts. It's as enlightening as it is thorough.

Utopia shrugged

BioShock is perhaps the smartest, most literate video game ever made. Borrowing liberally from Ayn Rand, it takes place in a dying underwater city that was envisioned as a Utopia of sorts.

Laughs from abroad

Pulling, which will air on the Sundance Channel this fall, was a regrettably short-lived comedy series in the U.K. that was spot-on funny and real and, well, British.





Joel

Stein

Heeeeere's Glenn! He's not a comedian, but Glenn Beck is funny. Which is a relief, since he's a little nuts too

THERE'S A PARTICULAR THRILL IN SEEING AN AMATEUR attempt your job. Especially when that job is comedy and the amateur is a Fox News personality. So when I heard Glenn Beck was doing a weeklong, six-city Common Sense Comedy Tour, my funniness ranking went up without my having to do anything. Beck, after all, is known for ranting, and sometimes crying, to a massive audience about how our country is approaching the End of Days. This is less the stuff of comedy than the stuff the Bureau of Alcohol, Tobacco, Firearms and Explosives likes to keep tabs on.

A part of me felt bad for Beck. Another part wanted to kiss up to a guy with a huge following. And a bigger part of me wanted to see this disaster close-up. So I offered to write some jokes for the show, and Beck accepted.

It turns out that coming up with jokes for members of a reactionary, religious, libertarian audience is not easy. They aren't likely to follow references to movies, hip-hop, websites, or drugs not advertised on television. I wound up sending him several political bits, including one about the silliness of not wanting terrorist prisoners on American soil. "There are already too many things we don't want on our soil: carmakers, soccer, nuclear power, Roman Polanski, ants, Mexicans and French soil." I also gave him a spelling-bee riff. "I assume that in India, nothing is misspelled. And have you noticed that none of these seemingly genius kids go on to do anything? When will parents figure out that turning your kid into a Microsoft Word function is not great training for the modern world? Learning to scream and cry into a camera is the ticket."

Beck wrote back that he couldn't use a lot of my material. "If I were to use all of this, I'd be facing this headline the next day, 'Glenn Beck: There are too many things we don't want on our soil ... [such as] Mexicans.' As far as the spelling-bee bit—I'd still be risking the inevitable 'Glenn Beck says Indian children grow up to be failures ... and he says it extra-racistly' headline."

Without the freedom to make fun of other ethnicities, I figured, Beck would bomb worse than an Arab in a crowded marketplace. To make sure, I went to one of the 440 movie theaters charging \$20 to see a simulcast of Beck's sold-out show from Kansas City, Mo.



He opened by looking at the camera and saying, "I particularly want to say hi to the guy from TIME magazine in Burbank, likely all by himself." Which I was. In that there were only 45 people in the audience, and according to actuarial tables, I was likely to be the only one breathing by the end of the show.

Beck's material wasn't original—modern art is stupid, consumer-product warning labels are inane—but he is a great performer, flying around the stage and making fun of his profuse sweating and apocalyptic fears. He did an impression of Tim Geithner as an elf from *Lord of the Rings* and a solid inflation joke about Geithner's being turned away from *Antiques Roadshow* after bringing a barrel of U.S. dollars. This was much better than my runaway-inflation joke about paying \$20 to watch a Glenn Beck concert in a movie theater.

A few of my jokes made the cut: One about his daughter sharpening her Tinkertoys because the estate tax might go to zero for just one year, in 2010, got a decent laugh. My conservative Christian material about how the New Testament would read if it were written by Congress also did well, although it was about as gutsy as going to the Apollo and doing uptight-white-people jokes. In fact, less gutsy, since uptight white people don't yank you off the stage with a cane.

It turns out that before he got sober, found God and started reading books without pictures in them, Beck had a long career being funny. He hosted a morning radio show called *Captain Beck and the A-Team* and asked listeners to mail raw eggs to the station. I deeply suspect that William Jennings Bryan opened speeches by making balloon animals.

But I'm really glad Beck is doing this tour. While I may not agree with him that Theodore Roosevelt destroyed our nation, I'm glad that someone with a sense of humor is leading the lunatic fringe. Joseph McCarthy didn't make fun of his weight, and Father Coughlin never wondered what the deal was with anything. Making fun of yourself implies that you know your message is imperfect. So I hope Beck, who does have the tunnel logic of an extremist, keeps going on these tours. Especially since writing material for him is so easy.



clear



blurry/wavy



blind spot

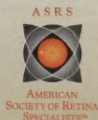
If you aren't seeing clearly, you should have your eyes checked.

Most people don't know that blindness—in people aged 60 years and older—is most commonly caused by a chronic condition called wet age-related macular degeneration (wet AMD). The good news is that wet AMD doesn't happen overnight, though in some people it can develop very quickly. Early symptoms include wavy lines, hazy vision, and blurriness. So what should you do? Call an ophthalmologist at the first signs of symptoms, because early detection of wet AMD is key.

Already diagnosed with wet AMD? Make sure you see a retina specialist, an eye doctor with special training and equipment for treating back-of-the-eye diseases such as macular degeneration.

**At the American Society of Retina Specialists (ASRS) and
Genentech, we want you to see the world as clearly as possible.**

This educational message was made possible by the ASRS and Genentech.

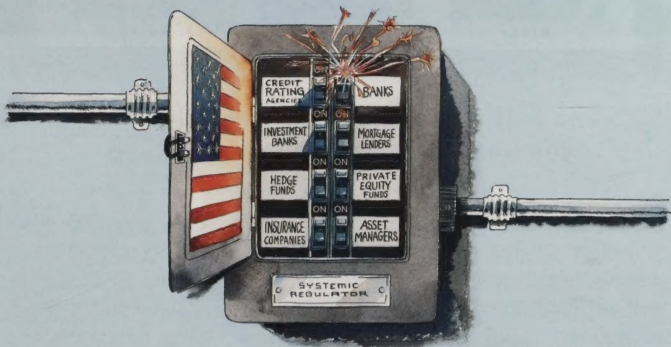


Genentech

One blowout shouldn't be able to take down America's financial system.



LET'S BUILD IN SAFEGUARDS TO MAKE SURE IT NEVER DOES.



America's financial industry has always been systemically connected. But we never knew how badly it needed a circuit breaker, until one sector almost took down the whole system. **We need bold federal regulatory reform for the entire financial industry. That must include insurance, an industry that deals with disasters, catastrophes and risk every day.**

1. COOPERATE

The entire financial system—banks, hedge funds, credit rating agencies, regulators, investment banks, insurance companies and more—is intertwined and interlinked. We must work together to understand the risks and solve the issues. **No one can be left out of the solution, or it won't be a solution.**

2. BE TRANSPARENT

Clarity is key. Only when there is transparency around

valuing the risk in the financial system—including the role of insurance to help mitigate that risk—will we regain confidence in the economy. And only when we streamline and simplify financial information will consumers be able to make truly informed choices.

3. REINVENT

Congress must design federal regulation for the 21st century. It's time to replace the patchwork of regulation coming from countless state and federal agencies with comprehensive rules to oversee all financial businesses—those that pose systemic risk and those that don't.

Strong, clear, comprehensive federal regulation is the kind of safeguard we need to protect America's economy from future meltdowns. **Go to allstate.com/fedreg.**

America's economic future needs to be better protected. That's Allstate's Stand.



Allstate

You're in good hands.

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Home
Life
Retirement